

The Impact of Major Pandemics on Societies

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Executive Summary

- ▶ Major health crisis have shaped the world, as exemplified by the Plague, the Spanish Flu and AIDS.
- ▶ Their impact has been on new regulations first and foremost, but more importantly at societal regulations at large.
- ▶ Considering the ongoing COVID19 pandemic possibilities are that a new social contract will have to be established.

As the Covid 19 pandemic continues, the international community searches for answers to questions as to how this global health crisis will affect not only near-term public health policy, but also society as a whole over the long term. This article analyzes previous major health crises and their immediate and longer-term impacts, and presents possible scenarios and areas of post-COVID19 changes with special regard to governance issues.

The following major health crises have been selected: The Plague of the Middle Ages in Europe, the Spanish Flu at the end of World War I, and the AIDS pandemic of our times.

The Plague

Plague is among the earliest documented pandemics, with two great outbreaks bracketing the Middle Ages. The bubonic plague, or the black death, was the deadliest pandemic ever recorded. By the time it disappeared, it had claimed the lives of about 60% of the European population. The disease is widely believed to have originated in China (or in the steppe

regions of the Don), and arrived in Europe and elsewhere throughout the world via international trade relations (mostly along the silk road) and travelers. Indeed, "Early industrial market-economic and capitalistic developments had advanced more than is often assumed, especially in northern Italy and Flanders. - This system for long-distance trade was supplemented by a web of lively short and medium-distance trade that bound together populations all over the Old World." (Ole J. Benedictow, *History Today*, Vol 55, 3;2005).

Despite a lack of knowledge of the infectious agent (*Yersinia pestis*), people at that time understood the transmissible nature of the disease. They also identified ships, their crews, and cargos as vectors of transmission. Reactions to the Plague during the Middle Ages were characterize by widespread panic, with people who could afford it fleeing urban centers. Many isolated themselves in their homes in an effort to avoid infection. Plague victims were buried outside of towns and cities, often in common graves. What was the impact of this great catastrophe that peaked in Europe during 1348 and 1350? The sudden decrease in population (estimates hold that the



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world's population fell from 475 million, to 350 million) significantly modified economic and social relationships. The French political philosopher Jean Bodin maintained that increased population was needed to create a flourishing economy, and hence called for prohibition of any forms of birth control. This – among others - encouraged the persecution of mid-wives, who -- insofar as they possessed relatively broad medical knowledge, to include birth control methods -- were often denounced and burned as witches.

The Plague also spurred the first attempts at the creation of international health regulations. New regulations and laws were enacted relatively quickly. The Adriatic port city of Ragusa (modern-day Dubrovnik) was the first to pass legislation requiring the mandatory quarantine of all incoming ships and trade caravans in order to screen for infection. (Dave Rose). The city-state of Venice introduced a forty-day quarantine period for all entering ships in 1348. "Over time, new ideas evolved around plague's communicability, justifying ever-stricter quarantine measures. In 1546, the Veronese physician-scholar Girolamo Fracastoro revived ancient notions of contagion in his tract on plague transmission, theorizing that "seeds of disease" could be spread either through direct contact or by dissemination into the atmosphere" (Anne-Emanuelle Birn, <https://blog.oup.com/2018/03/plague-impact-health-regulation/>). Other regulations concerned labor and work. Samuel Cohen (Economic History Review 60, 3, 2007; p 457-485) shows that the Plague led monarchies and city-states all over Western Europe to formulate new price and wage regulations due to another workforce and productivity. Within (decades, a century?) cities all over Europe adopted incremental measures to improve sanitation, dealing with the cleanliness of the streets, garbage treatment, and disposal of carcasses and dead bodies.

Though the Plague hit Europe well before the modern nation-state era, the public health crisis it engendered resulted in first attempts at public health regulations among the then existing political structures on the continent. The Plague also generated broad geopolitical changes. The British feudal system collapsed when the plague changed economic circumstances and demographics. Vikings lost the strength to wage battle against native populations in Greenland, and their exploration of North America ground to a halt.

Since the Middle Ages, the Bubonic Plague has periodically broken out in Europe and the Far East. Nowadays, occasional outbreaks still occur in

western rural parts of the United States, as well as in some parts of Asia and Africa. The disease is now treated with antibiotics.

“Spanish flu”

The Spanish flu, also known as the 1918 influenza pandemic, ranks among the deadliest pandemics in history. Worldwide, 500 million people were infected. The data on the death toll are still matter of debate. Some estimates hold that 29-35 million people were killed by this influenza; others maintain the global death toll neared 50 million, with half the fatalities in the United States.

World War I vastly complicated the epidemiological situation. Soldiers fighting around the globe carried the virus with them. Concomitantly, the high death toll of the war itself to a large extent overshadowed the lethality of the disease. Wartime governments censored communications in efforts to maintain positive public morale, inadvertently contributing to insufficient awareness of the influenza, and hence to its propagation. Similarities between the current COVID19 pandemic and the 1918 influenza are numerous and well reported by historians and public health scholars today, such as similar public health measures of social distancing, the importance of information, to mention just a few.

The 1918 pandemic generated new public health regulations both in its immediate aftermath and in the longer term. New regulations mandating the wearing of masks and social distancing norms rapidly came into being. Many such measures bear striking resemblance to those occurring today. During the Spanish Flu pandemic, the New York City health commissioner tried to slow disease transmission by ordering businesses to open and close on staggered shifts so as to avoid overcrowding on the subways. Barrier techniques, such as wearing masks, keeping distance, were widely introduced.

Again, as of today, these rules were local and may vary greatly from one place to the other given the imminent political nature of public health. As from the above it is evident that pandemics influence the economy with or without public health measures taken. For the 1918 pandemic, data from the economy of those years are available. Correia and Luck dug out those data and presented their findings in a post that was taken up by the World Economic Forum (<https://www.weforum.org/agenda/2020/04/pandemic-economy-lessons-1918-flu/>). Their conclusions: the economic shock induced by a pandemic can be counteracted by public health measures that may save the economy.



HIV/AIDS

The AIDS epidemic started to emerge in the 1970s, mainly in the gay communities of California and New York. Initially, there was an absence of knowledge about the origin of the disease. Piecing together the common link underlying combinations of symptoms such as fever, fatigue, headache, rare tumors, lymphadenopathy and rare but lethal infections proved an arduous, step-by-step process. Discovery of the causative agent -- HIV, a retrovirus – occurred in 1983. This virus weakens the immune system by attacking T-cells and also gives the names first human t-cell lymphotropic virus (HTL-V), and later HIV - “human immunodeficiency virus”.

In October 1987, AIDS becomes the first disease ever debated on the floor of United Nations General Assembly. A new specialized UN organization --the Joint United Nations program on HIV/AIDS, known as UNAIDS – came into being in 1994. Later, in 2000 the UN made the elimination of AIDS a Millennium Development goal (number 6). The same year, the UN Security Council met to discuss the impact of AIDS on peace and security in Africa. This marked the first time that the Council discussed a health issue as a threat to peace and security.

The BRIC countries – for which the AIDS pandemic presented a serious problem -- start working on access to free anti-retroviral treatment (ARV). In 1996 Brazil became the first developing country to guarantee free ARV access to all HIV/AIDS patients. In 2001, under pressure from Brazil, India and other developing countries, WTO member states announced the Doha Declaration, reaffirming “the right of WTO members to use, to the full, the provisions in the TRIPS Agreement” supporting “WTO members' right to protect public health and, in particular, to promote access to medicines for all.” That same year, India’s generics manufacturer Cipla began offering high quality ARVs at fraction of cost of other manufacturers, increasing access for millions of HIV/AIDS patients globally.

A strong civil society movement promoted and helped by AIDS patients around the world has helped minimize stigma, and has led to patient-interests assuming greater influence in R&D and treatment. This strong civil society/patient movement provides a blueprint for similar movements vis-à-vis other diseases.

Nowadays, in the high-income countries the pandemic is mostly “under control.”

While there remains no vaccine against HIV, present-day treatments have altered what was once a deadly disease to a chronic, manageable one for those who have access them. Since its outset, the disease has claimed the lives of approximately 39 million people

worldwide. Its devastation on the African continent in particular left millions of children orphaned, and disrupted village and community life. Its deleterious effects on economic growth have been immense. The HIV/AIDS pandemic continues to put at risk attainment of the SDGs such as eradicating poverty, achieving universal primary education, promoting gender equality, and ensuring environmental sustainability.

Lessons

This cursory glance at the above three pandemics shows that each one, besides being a worldwide health emergency during outbreak itself, generated downstream effects on a broad range of public health measures and society overall at the national and international levels. Immediately following the Plague, regulations emerged pertaining to sanitation and health, such as quarantine, social distancing, and border controls for goods and people. Additionally, modifications in urban planning occurred to protect people more effectively from infectious disease outbreaks. Over time the international community recognized that while some regulations are effective at the local and regional levels, most need to be coordinated at the international level to be truly effective.

Perhaps more importantly, pandemics have changed the ways in which societies view life itself and geopolitics. Pandemics strain not only health care systems, but also economic and social ones. Both the Plague and the 1918 influenza engendered major economic hardships. The AIDS pandemic marked the advent of a global health crisis on the agenda for international security and peace discussions at the United Nations. It also marked a turning point in the role of civil society’s influence on R&D and public health policy at all levels. This pandemic, and the resultant civil society mobilization, led to lasting changes in attitude on social stigmas associated with certain subgroups of society, such as the homosexual community.

Major health crises create strong demands for government action. Immediate actions to constrain and limit disease outbreak are readily apparent; less so are long-term changes in society, e.g. destigmatisation, sexual and reproductive mores, et cetera. Reactions to pandemics vary widely and are heavily intertwined with cultural and governmental structures. The plethora of reactions – ranging from local municipal directives to UN ECOSOC instructions – complicate out attempts to analyze, and delineate salient elements thereof. Ultimately, pandemics change to varying degrees how people live together and how societies are structured.

The Covid-19 pandemic will need in-depth analyses as to its characteristics and consequences – analyses far



beyond the scope of this opinion paper.

It holds obvious parallels Spanish flu, the Plague and finally the ongoing AIDS pandemic. Most of them are highlighted in the work of historians. New and different about the COVID19 pandemic compared to previous ones is the presence of a massive “infodemic,” as termed by the WHO in reference to an over-abundance of information -- some accurate and some not -- that makes it hard for people to find trustworthy sources and reliable guidance when they need it. Social media enables this situation. Our current post-truth society allows for the possibility of media pandemics. As we have known since well before COVID19, the time needed to analyze, assess and communicate accurate information cannot compete with the instantaneous spreading of misinformation on social media platforms.

Social media can easily fuel behavior as many examples prove (see: anti vaccination activists, alternative cancer treatments, ...). The power of these ways of communication, combined with a loss in trust in science, politics and even democracy, thus adds new and unique characteristics to the current outbreak. Another new feature of the current situation is the broad climate awareness that has gained momentum in recent years. A large proportion of society links this health crisis to the general situation of the planet and environment, modes of living, interconnectedness, and finally what has heretofore been a general trust that technology will ultimately provide solutions. Yet another new element relevant to the Covid-19 pandemic is the relative weakness of some institutions – both national or international – vis-à-vis powerful corporate and philanthropic entities. Future analyses of this crisis will have to take into consideration all these aspects.

What are possible scenarios for post-COVID world from the public health governance perspective? As amply demonstrated by history, pandemics sooner or later change the way societies function. Undoubtedly, new international public health regulations (IHR) will soon emerge. Implementation of new regulations presents challenges. The systems currently in place – national governments, multilateral agreements, international institutions such as UN organizations, and similar or similar supra-national groupings such as G20 and the EU – have come under scrutiny for their attitudes and reactions to the pandemic. At the national level (at least), the financing of health care systems will have to

be questioned and possibly changed. Pandemic preparedness will have to be revisited and given a higher importance than before COVID-19. We should be careful to avoid a run to “solutionism” (E. Morozov), and instead seek reform and/or a more efficient and full use of existing structures (Proposal of SDG18, I. Kickbusch, 2015).

The Covid-19 pandemic and discussions it has led, at a broader level, to an increased questioning about access to global public goods. As different types of global public goods often require different types of legal and administrative structures to manage and advocate for them, this will continue to fuel the proliferation of NGOs and intergovernmental organizations (IGOs) that has been taking place in the past three decades.

Today’s ever-increasingly complex informational and administrative landscapes cause many people to lose trust not only in international organizations, but also in political structures and politicians at all levels. Thus, before discussions of technological fixes and access to global public goods even begin, we must first and foremost restore trust. This can start locally, but must occur ultimately on national and supra-national scales.

Our societies will need a new version of a “contrat social” to avoid polarization both within and among them. As French philosopher Jean Jacques Rousseau theorized in 1762 on the best way to establish a political community vis-à-vis challenges presented by commercial society, today we must work to form consensus on basics of living together within the limits and possibilities of our planet.

Conclusion

Pandemics change the way societies function. They have a profound impact upon rules and laws of living together, ultimately influencing the social tissue and the broader fundamentals of our societal constructions. Concomitant with ongoing efforts to end the pandemic must go preparations for the a new or modified “contrat social” that will be needed for the times “after”. Without going through this primordial process, the next pandemic will hit a polarized and divided society. Such would render any governance extremely difficult, if not sometimes impossible.



Further reading

- Ole J. Benedictow, *History Today*, Vol 55, 3;2005
- Anne-Emanuelle Birn, <https://blog.oup.com/2018/03/plague-impact-health-regulation/>
- *Economic History Review* 60, 3, 2007; p 457-485
- <https://www.weforum.org/agenda/2020/04/pandemic-economy-lessons-1918-flu/>
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