



WORLD

THE WORLD IS  
TEMPORARILY CLOSED

Coronavirus COVID-19 Global Cases by the Center

Total Confirmed

182,405

# UNDERSTANDING PANDEMICS

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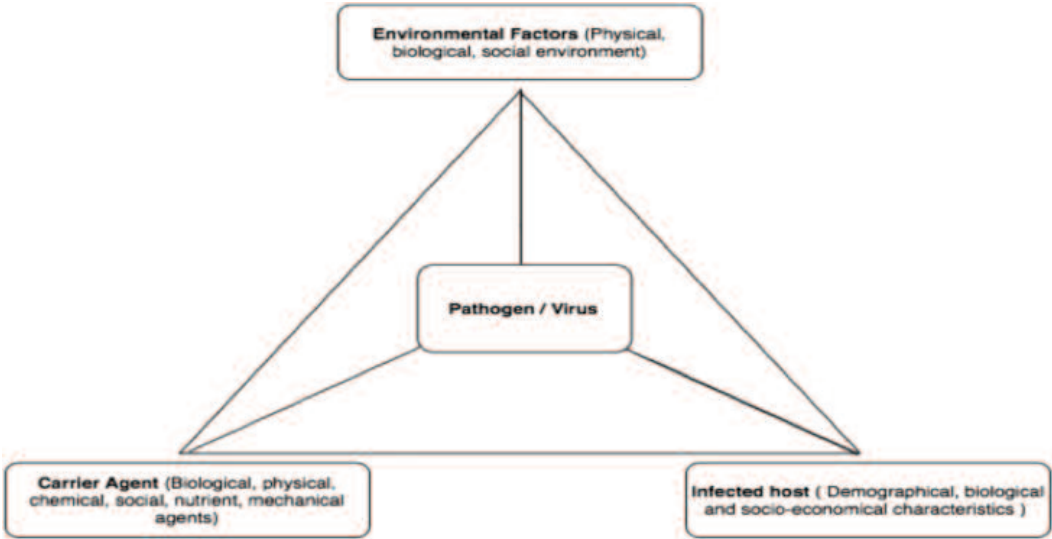


**INTRODUCTION**

**Why and how should we study pandemics?**

An epidemic is a disease that affects a large number of people within a community, population or region. A pandemic is an epidemic that's spread over multiple countries or continents. Epidemiology does not just study the biological intricacies of a disease, it also takes into account its social and environmental components. To effectively control an epidemic therefore, one has to simultaneously monitor three arms of what is called the epidemiology triangle—the environment/agent/host triad. In this triangle, the biological aspects of the carrier of the disease and the infected hosts have to be considered in conjunction with the environmental factors (physical, biological and social) that might control spread and treatment methods.

For example, during the Ebola outbreak in West Africa, it was seen that Ebola strains were present in bodily fluids and contagious when symptomatic. Though humans were highly susceptible to the virus once infected, the disease was controlled by controlling the social and environmental spread over hospitals and in burial rituals.



[The Epidemiology Triangle: <https://link.springer.com/article/10.1007/s42979-020-00209-9>]

In general, the only way to control social and environmental factors is through sociological interventions. The change in heart towards social science came after increased social science interventions by organisations like the Ebola Response Anthropology platform in the 2014 Ebola outbreak . Studying epidemics as social phenomena is vital as it is a social and not just biological concern. Pandemics have also been the harbingers of a lot of changes and the alleviation of global inequality, all of which require massive deployment of social work and global policy intervention.

A pandemic not only creates direct biological impact, but also changes how the society functions. It destabilises power structures, exacerbates inequality and causes mass behavioural changes.

There has been extensive literature documenting the non-biological changes in a society during a pandemic. Daniel Defoe's *A Journal of the Plague Year* (1722) is one such example. It is an account of one man's experiences of the year 1665, in which the bubonic plague struck the city of London in what became known as the Great Plague of London, and is a fairly accurate narration of the plague years sourced from Defoe's uncle's diary. Albert Camus' *Plague*, published in 1947, tells the story from the point of view of an unknown narrator of a plague sweeping through the French Algerian city of Oran. Based on the Cholera epidemic and considered an existential classic, it is an absurdist account of individual powerlessness in controlling one's own destiny. In *Blindness*, the author Jose Saramago, uses an epidemic as a metaphor for social catastrophe and personal loss. The novel, about an unexplained epidemic of blindness, demonstrates the fragility of human society and uses allegory to show that basic human decency is an illusion and that it too would largely vanish if society collapsed. *The Ballad of Remittent Fever* (Ashoke Mukhopadhyay) is an exploration of the world of medicine and the ordinary miracles performed by physicians in the course of their daily lives. Originally published in the Bengali as *Abiram Jwarer Roopkatha*, it chronicles early 20th century Bengal amidst a wealth of sickness, mass cholera, malaria, plague and an aggressive colonial government.

On a more fundamental level, there have been philosophical warnings from the likes of Giorgio Agamben, with theories like 'The State Of Exception', which looks at the intersection of state power and bodily autonomy in terms of public health crises. Today, the mass deployment of contact tracing applications and constant surveillance to control the spread of the disease also awards governments tools of mass-control that might become the norm.

Then, there are direct socio-economic theories that draw the link between human tendencies to make profit out of disaster, like Naomi Klein's theory of disaster capitalism that can help critically analyse State and private companies' actions in reacting to epidemics and disasters over time.

There is also the very pertinent aspect of information accessibility, medical literacy and the role of media in regulating a pandemic. As a social illness, medical literacy can be very crucial in bringing an epidemic to heel or letting it grow unabated, as was seen during the HIV AIDS epidemic.

There is also the effect of environmental practices that will steadily increase human incursions into forest lands and cause more such virulent diseases. Understanding and engaging with epidemics is also about the racism and discrimination that inevitably occurs in such scenarios, and how to over-come them, or at the very least recognise them as such. During the covid-19

pandemic, there was a large amount of racism inflicted towards South Asians, especially for their food and dietary practices.

An excerpt from 'Vogue.me Investigates: Are You a Food Racist?' by Sophia Celeste.  
<https://en.vogue.me/culture/racism-in-food-covid-19/>

'As Covid-19 reaps havoc, thousands are dying and economic malaise is at a historic high. Purveyors of Chinese cuisine, in particular have borne the biggest brunt. The disease allegedly originated late last year in a Wuhan wet market where farmed and exotic animals are slaughtered on-site to guarantee freshness. California's San Gabriel Valley, which houses the largest Chinese community in the state was affected by the virus even before it started to crest in the US.

"People's basic instincts come out. They want to blame others... Acting subhuman in some cases," says food writer Andy Wang. "Here in LA, it's the type of thing that leads to permanent closures. Since February, my Chinese friends with Chinese restaurants have been reporting a major drop in bookings. Some have already closed for good."

A xenophobic, racist backlash erupted in Italy when the first cases of coronavirus appeared, emptying Milanese dim spots like Ta Hua. Restaurants and stores in the city's Via Paolo Sarpi Chinatown quickly shuttered their doors after instances of violence against Asians. Ignorance from the uppermost socio-economic echelons of society in a time of crisis was at an all-time high.

"China paid a high price in this epidemic... We have all seen them eat live mice," Luca Zaia, governor of Italy's Veneto region remarked flippantly, on national television. "Our people overwhelmingly abide by a certain level of hygiene... that of taking a shower and washing our hands frequently," the politician added.

Food-borne diseases are not just an Asian thing. After all, mad cow disease originated in the UK when British herds were fed remains of sheep injected with scrapie, a degenerative disease. And in 2018, a joint investigation by the Bureau of Investigative Journalism and the Guardian found that 15% of the US population suffer from food-borne illnesses annually due to hygiene oversights in meat production facilities.'

Racism, like all other social problems were highlighted during the COVID-19 pandemic, with the Tablighi Jamaat incident being called 'corona-jihad' and subsequent perpetuation of racist presumptions of all Muslims being carriers of corona. There were also [reports](#) of people from the North East being spat at and called corona-carriers in parts of Delhi.

Suggested Reading *Towards people-centred epidemic preparedness & response: From Knowledge to Action* <https://www.glopid-r.org/wp-content/uploads/2019/07/towards-people-centred-epidemic-preparedness-and-response-report.pdf>

A report was prepared by the Amsterdam Institute for Global Health and Development as part of the Funders Forum post the Zika and Ebola crisis in 2016. It suggests 38 policy recommendations for fully integrating social science into epidemic preparedness and response. Pgs 7-13 contain the priority recommendations for achieving this aim, and an executive summary of the report.

Social theories are analytical frameworks or paradigms that are used to study and interpret social phenomena. These can be seen as paradigms, worldviews, or as ‘lenses’ that highlight certain commonalities in space and time and help shape how we read and interpret social phenomena around us.

## PROPOSED LENSES:

### DISASTER CAPITALISM

#### **Naomi Klein’s theory of shock doctrine as an explanation for disaster capitalism:**

##### *Shock doctrine*

This strategy has been a silent partner to the imposition of neoliberalism for more than 40 years. Shock tactics follow a clear pattern: wait for a crisis (or even, in some instances, as in Chile or Russia, help foment one), declare a moment of what is sometimes called ‘extraordinary politics’, suspend some or all democratic norms and then ram the corporate wishlist through as quickly as possible.

##### *Rampant privatisation*

Naomi Klein in her book *The Shock Doctrine* focuses on how Hurricane Katrina devastated New Orleans even though it was merely a tropical storm by the time it reached the city, solely because the levees did not hold—they had fallen into disrepair after administrative negligence. After the hurricane a Friedmanite lobby rushed in to privatise the rebuilding process, including removing almost all public schools and replacing them with private educational institutions.

Today, the health infrastructure is breaking under the strain of the pandemic, the economy is crashing world over, and police repression is skyrocketing. This two way system of decreasing social security and weak public infrastructure on the one hand and military grade policing on the other, is a product of neoliberal capitalism. Klein writes, ‘Because when you systematically wage war on the very idea of the public sphere and the public good, of course the publicly owned bones of society—roads, bridges, levees, water systems—are going to slip into a state of such disrepair that it takes little to push them beyond the breaking point. When you massively cut taxes so that you don’t have money to spend on much of anything besides the police and the military, this is what happens.’

Following is an example of how massive private companies in collusion with governments made large-scale profit from epidemics:

In 2014, a Private company called Aspen Medical was awarded a \$20m contract to run an Ebola response in Sierra Leone by the Australian government. Aspen was given this deal despite there being better qualified NGOs who would have surely won if the deal went through an open-tender.

Suggested Readings <http://somatosphere.net/2020/disaster-capitalism-covid19.html>  
‘Ebola: for-profit disaster capitalists are already out looking to make money from misery’, by Antony Loewenstein <https://www.theguardian.com/commentisfree/2014/nov/13/ebola-for-profit-disaster-capitalists-are-already-out-looking-to-make-money-from-misery>

## MEDICAL LITERACY/ INFORMATION ACCESS

### Unequal Information Accessibility

During the 2010 cholera outbreak in Haiti, lack of information led to locals protesting and burning make-shift Red Cross tents.

### Public Health and the Role of Governments

Unpacking a pandemic is also unpacking the general health vulnerability of a population. A pandemic does not remove pre-existing co-morbidities or other fatal, long-term or prevalent illnesses—it tests the infrastructure to deal with the added crises of a large scale illness in addition to pre-existing ailments. Therefore, pandemics are tests primarily on public health systems.

In terms of public health, individuals could be prevented from certain actions through enforcing quarantines, social isolation or compulsory vaccinations. These fall under the safety of the public and therefore can be subject to government intervention. Such laws are subject to countries and international conventions—for instance all WHO participants have obligations on reporting and containing potential outbreaks under the International Health Regulation of 2007.

China's response to the SARS outbreak was one of the most brutalised, repressive methods of controlling an epidemic (read more about it [here](#)). If one removes the veils of secrecy around it and actually studies it as a part of social behaviour at the possibility of a pandemic, we would find similarities with the current COVID-19 pandemic. When Beijing first announced the lockdown to prevent a potential SARS epidemic, hundreds and thousands of students and labourers left the city overnight in panic. The authoritarian nature of controlling pandemics is perhaps not ideal, given no one really knows the actual number of lives lost during the pandemic, from enforcement of the lockdown and custodial killings to protesting Beijing's dictatorship.

On the other hand, 'land of the free' the United States of America, has seen the highest number of cases of Covid-19, where people are stubbornly refusing to maintain social distance, wear masks and are insisting on calling the virus a 'hoax' despite medical and scientific warnings, that are ignored, vilified and called 'fake news'. At the same time, decades of neoliberal policy has left the public health system in tatters. In America, twenty eight million people are without health insurance and many more have to pay for much of their treatment.

The federal government of Ottawa offered Canadian citizens what is called the [Canadian Emergency Response Benefit](#) to help families furloughed during the pandemic. In September, those availing benefits will be shifted to Employment Insurance scheme, with an overall objective to support economic recovery and provide support to workers while strengthening work incentives, facilitating access to the Employment Insurance programs and enhancing equity.

#### Suggested Readings:

<http://somatosphere.net/2020/disaster-capitalism-covid19.html/>

How To Shut Down A Country And Kill A Disease

<https://foreignpolicy.com/2014/10/23/how-to-shut-down-a-country-and-kill-a-disease/>

## News Fatigue

Aside from poor medical literacy, given that pandemics are long term events, interest in them wanes over time. There are three reasons for this general malaise: the news leaves people feeling depressed; it also makes them feel like powerless viewers who cannot influence events; finally, the public just doesn't trust the news, they see it as superficial, sensationalist and inaccurate. The most common danger from that is while the crisis might not yet be over, people grow tired of their anxiety about it, and the need to go on is too compelling. In short, people get desensitised and it is harder to maintain rules that aren't necessarily enforced by laws as much as norms (like social distancing, avoiding crowding or neglecting sanitisation and personal hygiene). News fatigue also means it is harder to keep the public updated on changing situations, regulations and general information for health and safety.

Public behaviour and norms change after cataclysmic events like a pandemic. However, this change often gets reversed, or takes longer to implement because of regression and a temptation to fall back into an earlier idea of 'normalcy'.

This might be an exclusive phenomenon post the information revolution (studies of published records of the 1918 Spanish Influenza outbreak suggest otherwise) but the idea of an 'infodemic' or an epidemic of information—largely fake, or misleading, is a threat that will shape public policy related to disease outbreaks. WHO explains that infodemics are an excessive amount of information about a problem, which makes it difficult to identify a solution. They can spread misinformation, disinformation and rumours during a health emergency. Infodemics can hamper an effective public health response and create confusion and distrust among people. For the COVID-19 outbreak, the WHO as well as individual governments have set up additional teams to actively filter and monitor information in order to regulate the spread of false information.

### Suggested Readings:

<https://www.wired.co.uk/article/coronavirus-news-fatigue>

<https://www.un.org/en/un-coronavirus-communications-team/un-tackling-%E2%80%98infodemic%E2%80%99-misinformation-and-cybercrime-covid-19>

<https://www.niemanlab.org/2020/04/the-coronavirus-traffic-bump-to-news-sites-is-pretty-much-over-already/>

## Misinformation and Medical Literacy

The existence of a vaccine alone does not necessarily guarantee the eradication of an infectious, contagious disease. Even after the biological constraints of developing a vaccine are complete, the access to the vaccine is determined by medical literacy, prosperity and governing efficiency of a State.

Anti-vaxxers or those who refuse to take vaccines, are a danger to the entire community. The 2014-15 measles outbreak in Disneyland is an example of how herd immunity fails if a large number of people refuse to take vaccines and can potentially bring back diseases that were thought to be eradicated.

#### Suggested Readings:

Why did Vaccinated People Get Measles in Disneyland? Blame the Unvaccinated. | WIRED  
<https://www.wired.com/2015/01/vaccinated-people-get-measles-disneyland-blame-unvaccinated/>

The Politics of Measles | The New Yorker  
<https://www.newyorker.com/magazine/2015/02/16/immune-3>

## Epidemiology/ Public Health

### Policy changes pushed by pandemics

Epidemiologists bemoan a consistent pattern of responsive funding over anticipatory funding in public health. Historically, outbreaks have had significant effect on funding, including the spike in biosecurity funding after the 2001 anthrax scare. Funding is also dependent on who is affected by a virus. For example, the [Ebola virus](#) had been around since 1976 in Central Africa. However, it was only after the 2014 Ebola outbreak in West Africa which saw potential spread into the US, that there was rapid funding.

Interestingly, the vaccine for Ebola was discovered in less than a year after the 2014 outbreak, but that was because there had already been sufficient research on the virus for years. However, clinical trials on humans are only pushed for when there is a large enough outbreak, (like the 2014 outbreak) because big pharma companies do not otherwise have an incentive to expand into human trials. While epidemiologists have been talking about a respiratory viral pandemic's possibility for a long time, there had not been adequate funding towards it because of a lack of public interest and economic interest in public health.

### Development of and Access to vaccines

*Can do, can do, my Doc says the drug can do.*

*If she says the drug can do,*

*can do, can do.*

— Ron Goldberg, *'Fugue for Drug Trials'*

The Nuremberg Codes roughly summarise the general standards of expectations from human trials after the horrors of the Second World War. The WHO Helsinki declaration of 1964 improved upon it. In America however, there have been repeated breaches and no standard regulation of drug trials on human beings till the revelation of the Tuskegee Syphilis Study, 1972. This showed that since 1932, the Public Health Service (PHS) had been conducting research in the South on several hundred black men with syphilis, providing them neither information about their condition nor medical treatment. The PHS responded to the public storm, as it had responded to earlier private objections: by arguing that the goal of the research was to learn the natural history of untreated syphilis, that treatment would have compromised this goal, the men would not have understood their condition or benefited from treatment, and that critics of the research did not understand science.



Under current laws, it takes an average of eight years for a medicine to clear clinical trials in the most powerful country in the world.

The AIDS vaccine search is a starting point to understanding the intricacies of government-big pharma nexus that results in delayed production of vaccines and treatment in epidemics. It is also perhaps one of the best illustrations of public activism in order to take the power of healthcare away from those in power and into their own hands. This mobilisation comes because of the social realities under which the AIDS epidemic became overwhelmingly a problem of homosexuality.

Paula Triefler writes,

‘Almost from the beginning of the AIDS epidemic in the United States, gay men have attempted, individually and collectively, to conceptualize scientific and clinical explanations of acquired immune deficiency, to articulate the meaning of the epidemic, and to decide for themselves what to do about it. The immediate historical context for this grass-roots approach to the AIDS crisis includes the antiauthoritarian legacy of post-Stonewall gay liberation; the successful struggle within the American Psychiatric Association by gay psychiatrists and gay rights groups in the early 1970s to remove homosexuality as an official category of mental disorder (Bayer 1981); the celebrated collaboration among physicians, research scientists and the gay community in the clinical trials of a Hepatitis B vaccine (Goodfield 1985); and the philosophy, knowledge, and tactics developed by the women’s health movement. Within this context, education and prevention efforts began in the gay community even before there was general acknowledgment of a fatal epidemic disease.’

Suggested watch: Rockville Is Burning

<https://www.youtube.com/watch?v=oNVI4TrK4g0>

How To Have Theory In An Epidemic: The Evolution of AIDS Treatment Activism Paula A. Treichler

[https://ezproxy.tiss.edu:2055/stable/pdf/10.5749/j.cttsdkh.8.pdf?ab\\_segments=0%2Fbasic\\_SYC-5187%2Fcontrol&refreqid=search%3A6deb0a1585ec835d0be297e4c69951e6](https://ezproxy.tiss.edu:2055/stable/pdf/10.5749/j.cttsdkh.8.pdf?ab_segments=0%2Fbasic_SYC-5187%2Fcontrol&refreqid=search%3A6deb0a1585ec835d0be297e4c69951e6)

## **POLITICAL AND SOCIAL CHANGES**

### **Biopolitics and Surveillance**

Surveillance is a fundamental method of dealing with epidemics, especially since epidemics aren’t just determined by biological factors but also social and environmental conditions. Public health surveys and detailed modelling, prediction, tracking and transparency are therefore necessary for controlling a disease, the spread of which is subject to human behaviour and social conditions.

However, this surveillance is a matter of governance and by its very nature creates a society of control, infringing upon individual freedom, privacy and mobility. The idea of control tracing applications in the twenty first century adds to this notion of a surveillance

state that might be necessary for the 'greater common good', but at the same time suspends free will in a Faustian deal for life over liberty. Looking at State action through the lens of surveillance therefore involves scepticism towards structural powers. It also highlights how despite being an intrinsically biological and scientific exercise, it is social behaviour that often causes its failure or creates unintentional consequences.

The Indian government has used the guise of the pandemic to power through the draft Environmental Impact Assessment notification that would remove fundamental checks on private corporations. It has also ramped up surveillance through the Aarogya Setu App that has questionable data security and mines more data than it strictly requires. The Indian government has arrested activists, journalists and has been shutting down the internet and suspending democratic processes in an effort to shut down all criticism of itself.

#### Suggested Readings

The rise and rise of disaster capitalism in Modi's India | Madras Courier

<https://web.archive.org/web/20200518025834/https://madrascourier.com/books-and-films/the-rise-rise-of-disaster-capitalism-in-modis-india/>

Highlights of Historical Events leading to National Surveillance of Vaccination Coverage in the United States

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3113425/#B2>

Is a democratic surveillance state possible? | Guardian

<https://www.washingtonpost.com/news/wonk/wp/2013/06/08/is-a-democratic-surveillance-state-possible/>

#### **Ecological/ Human-wildlife incursion**

A critical example is a developing model of infectious disease that shows that most epidemics—AIDS, Ebola, West Nile, SARS, Lyme disease and hundreds more that have occurred over the last several decades—don't just happen. They are a result of things people do to nature.

Disease is largely an environmental issue. **Sixty percent** of emerging infectious diseases that affect humans are zoonotic, that is they originate in animals, out of which more than two-thirds originate in wildlife.

The next century will automatically lead to more human wildlife incursions, thereby leading to increased pandemics. This has been a repeated warning. Now more than ever it becomes vital to understand the social consequences of epidemics, study them as social phenomena and weigh in human behaviour and responses in their control.

#### Suggested Readings

The ecology of disease <https://www.nytimes.com/2012/07/15/sunday-review/the-ecology-of-disease.html>

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