Considering pandemics, history, and ethics

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The covid-19 pandemic, along with the debate concerning vaccines, has deeply affected my own views on my work as well as the interest it has received. I am currently writing my doctoral thesis on medical science, mentalities, public health measures, and epidemic prevention in the Swedish kingdom in 1695–1809. Much of my work concentrates on the long shadows of demographic catastrophes. I argue that the quickly growing interest in issues regarding public health and population in mid-eighteenth-century Sweden was to a large extent a consequence of the devastating crises of the end of the seventeenth and beginning of the eighteenth century. Smallpox inoculation and, at the end of the eighteenth century, vaccination, are central themes in my research.

It has been quite frustrating and at times surreal to encounter, in present-day discourse, anti-vaccine rhetoric and arguments that are eerily similar to the ones I have seen countless times in eighteenth-century sources. Three centuries ago, when smallpox inoculation first began to gain interest in European medical and public discussions, the accusations of it being unnatural, harmful, and against divine will immediately surfaced – and never really disappeared. Inoculation, and later, vaccination, was sometimes even seen as a conspiracy, and across Europe extensive anti-inoculation and anti-vaccination propaganda was circulated, often on religious grounds. To see such viewpoints now being spread consciously and outright maliciously by conspiracy theorists, despite the immeasurable lives that vaccines have saved globally, has been gravely disheartening. It has, however, also made it clearer to me that historical research on these topics has immediate relevance to our own time.

At the beginning of my doctoral studies, I often encountered surprised reactions to my chosen topics. Why study such sad themes? Historical demography is sometimes seen as tiresome and with little immediate value. Recently, I have

https://doi.org/10.7557/4.6607

witnessed a rapid growth of interest in my work, which seems to have fluctuated over the course of these two years, not unlike the 'waves' of the pandemic itself. I expect that soon the interest will wane again, as the pandemic – hopefully – becomes less and less threatening and acute. At the same time, I hope that after the pandemic we will better recognize the relevance this kind of research can have for present-day and future realities. I find that historical research and perspectives should be taken more carefully into account within global decision-making on the prevention of and preparation for emerging health risks.

When it comes to media and public discourse, my experiences have been more ambivalent. During the spring and summer of 2020, it seemed that quite a lot of historians were quick to find a link between their research and the history of diseases, and to write out and add their thoughts to the quickly growing discussion, seemingly without concern for the possible risks of how such assertions would be interpreted. I was very aware of and concerned about the complexity of the situation, and the readiness of conspiracy theorists to twist anything they could find into something useful for them. Therefore, I chose to remain silent and observe the discourse and rhetoric, as did many of my close colleagues in the field of medical history. I was very unsure of what to say and how to say it, and what implications could be read into my words and what their consequences might be. Was there, in truth, anything to be gained from one historian's views being added to the obscuring mass of debate? But interviewers called, and I tried to answer them to the best of my ability – although I did decline some. When interviewed, I asked to receive questions in writing beforehand and carefully checked the quotes attributed to me before agreeing to publication. I am quite grateful to the journalists who allowed me to do this; through this, I was able to make sure that the interviews reflected my views truthfully.

Regarding the sudden media interest, I have been frustrated with the absence of support or coordination on the part of scientific institutions, be it universities or organizations. While universities have been quite eager to see their researchers being interviewed, I find that there has been a very clear lack of support, resources, and training in meeting media. Particularly when a crisis is ongoing and there is a danger of becoming a target for conspiracy theorists and anti-vaccine groups, an individual researcher should not have to face these difficult issues alone and create makeshift solutions as the challenges arise, without any previous experience.

It could be seen as a simple task: one only needs to answer an interviewer truthfully based on one's research. But in reality, nothing is that simple. As historical research is always interpretation, we constantly make choices on what to emphasize and what to omit. During an ongoing pandemic caused by a disease that is not yet well understood, these choices can have consequences different from

those we typically consider when writing scientific articles aimed at an audience comprised mainly of other historians. Quite often I had to clarify to interviewers that I am not a medical professional and possess no expertise other than that of a historian of medicine. Still, I was asked to comment on present-day circumstances and measures. For me this was not an ethically comfortable position. Moreover, my understanding is that a journalist writing an article on a certain topic may have already decided the point of view from which they are approaching their subject, or it has been decided by their superior. This puts the interviewed experts into an uneasy situation.

A particularly difficult issue for me was repeatedly being asked to compare covid-19 to the plague and other diseases that caused catastrophic epidemics in the past. I was asked whether covid-19 is as dangerous as the plague and whether the mortality rates of these diseases are similar. Obviously, they are not. But how to explain this without giving the impression that covid-19 is not a significant health risk, or without one's words being read as belittling the importance of the measures adopted to halt the spread of the epidemic? Much of the fatality of the great epidemics of history was caused by the fact that they occurred before modern medical knowledge existed; other factors include general living conditions, the lack of hygiene, malnutrition, and underlying medical problems that made people more susceptible to disease outbreaks. Today bubonic plague can be effectively treated with antibiotics – although the rise of antimicrobial resistance is worrying in this regard – and even pneumonic plague, although spread via airborne droplets, is vastly less efficient in terms of contagion than covid-19. Smallpox has been eliminated altogether.

Journalists, for understandable reasons, concentrated on topics that made for captivating headlines – so I was asked about devastating death tolls in seventeenth-century cities and about plague-stricken families being locked up in their homes and left to die. Probably one of the reasons behind the demand for such imagery was to show that, despite the fear, gloom, and sadness of the pandemic, we were still much better off than people in the past used to be. However, I find it ethically dubious to use the victims of past crises in such a way. They did not live to become measure sticks for our suffering, nor to be used as instruments of consolation.

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What can we then say about epidemics and pandemics past and present? Living through a pandemic has taught me that epidemics are chaotic and complex occurrences, often very difficult to describe or define. They are multifaceted and contradictory; the realities and experiences of two people who, at first glance,

seem to share the same circumstances, can be completely different. An isolation that lasts two months is socially much harder to endure than I previously would have believed, even in a time of constant technological connection. Somewhat paradoxically, people also get used to different conditions and surroundings astoundingly quickly, and adapt accordingly. This adaptation, in turn, can make it difficult, at least temporarily, to remember what one's everyday life was actually like before a crisis. With the lack of regular gatherings and events that help us conceptualize time and the course of a calendar year, we seem to somewhat lose track of time. Because of these various experiences, I am now painfully aware of how little the historical sources are really able to tell us, and how endless a task it is to try to form any kind of comprehensive understanding of past epidemics and other catastrophic events. Yet I find it highly important to strive for such understanding, on the level of experiences that can be communicated across history. I also firmly believe that studying the patterns and characteristics of past epidemics and the pathogens that caused them can indeed help us better prepare for future risks. I find that the social and cultural phenomena related to epidemics and other demographic crises are as important in such research as the biomedical, epidemiological, and statistical approaches, and that they should all be examined together, not separately. For this we need increasing interdisciplinarity.

In the early stages of my doctoral research, I struggled with the definitions of epidemics and other demographic catastrophes. What I saw in my sources didn't fit the tidy definitions and categories of 'an epidemic' or 'a famine' I had been taught, many of which are still common in our understanding of history. The definitions of a certain disease outbreak or other population crisis are very often rooted in historiography (such as that of the famine of 1866–1868 in Finland)[1] and are set by the decisions, whether conscious or not, made by whoever writes about it. We are used to thinking of such crises as separate, singular, and devastating occurrences, as this matches the reality of our own time. In premodern and early modern times, however, they were not nearly as exceptional compared to 'regular' times, nor did they have clear-cut 'borders'. Instead, demographic crises often overlapped and were intertwined with each other and with whatever might be considered 'normal', that is, not 'exceptional'. Prior to modern medicine, there was no demographic 'normalcy' in the sense that is familiar to us today; mortality and nativity fluctuated constantly, and the demographic realities of, for instance, eighteenth-century communities were defined by continuous variation and re-

[1] Recently, the historiography of the famine has been fascinatingly reflected on e.g. by Henrik Forsberg in his doctoral thesis *Famines in Mnemohistory and National Narratives in Finland and Ireland, c. 1850–1970*, Publications of the Faculty of Social Sciences, University of Helsinki, 2020.

gional differences.[2] In my own research, I have seen a plague epidemic coexist with and be spread by warfare, famine mortality exacerbated by epidemics, and certain epidemics making the population more susceptible to other diseases, not to mention the fact that mortality caused by an epidemic or a war could result in significant losses in workforce, which in turn could worsen agricultural disasters and food shortages. When it comes to defining a single epidemic, diseases are also quite different: a historical epidemic caused by bubonic plague or smallpox is much easier to trace and define than one caused by influenza – or, as we now know, a coronavirus. The beginning and end of an influenza epidemic can be all but impossible to define. The research on historical famines faces similar difficulties. The challenge becomes even more complex when issues such as a weakened immune system, comorbidity, and the long-term effects of malnutrition are brought into the equation, not to mention psychosocial or cultural effects and consequences. The outlines of past demographic crises are constantly created, recreated, debated, and negotiated by historians.

Today, such negotiations are ever-present in our everyday life and public discourse. How and when does the covid-19 pandemic end? What constitutes the end of a pandemic? What, indeed, *constitutes a pandemic*? Where do we draw the line between an epidemic, the by-products of an epidemic, and the consequences of an epidemic? As we live through not only the pandemic itself, but also the debates concerning it, we can, perhaps, better understand the catastrophes of the past. The realization of how difficult it is to describe in writing the range of my own experiences and thoughts during a global crisis lasting years has been eye-opening for me personally, as a historian of these very topics.

In recent months, as I have moved to the later stages of the work on my doctoral thesis, I have realized that I am also examining the birth of Nordic health policy. Because of this, many of the topics currently in public discussion have felt very familiar, and my perspective on my sources has shifted somewhat. I now consider the efforts made to improve public health and general living conditions in the Swedish kingdom during the Age of Liberty (1719–72) (Sw. *frihetstiden*) even more impressive, particularly considering the lack of knowledge, resources, and technology available. The people in focus for my research were operating with very little information yet managed to achieve real results for the good of the population, as is proven by the increase in the older demographic groups towards the end of the century. I also find it very inspiring to consider the patience and optimism with which many of the physicians of the time worked to spread knowl-

[2] The characteristics of pre-industrial communities and populations have been extensively described e.g. in the edited volume *The Decline of Mortality in Europe*, ed. by Roger Schofield et al. (Oxford: Oxford University Press, 1991).

edge on health-related themes, such as smallpox inoculation, even in the face of great opposition and distrust.

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What, then, should be the role of a historian during a crisis? After following different media outlets during the pandemic and trying to ponder what I personally would like to say or read, I have come to the conclusion that our role in the media should consist less of describing the past and more of analysing it. Comparisons of the death tolls between past and present-day crises can certainly be a part of such analysis, but are they the most useful part? Are they, in fact, very relevant? Since the overall living conditions differ so vastly between today and, say, the seventeenth century, what do we really gain or learn from simple comparisons? What remains relevant, however, are the human experiences and the social, cultural, and political conditions that are related to, caused by, or influenced by crises. It is these factors and phenomena, I believe, that we should keep the focus on. A large-scale example could be inequality, which is a significant factor in any demographic catastrophe, yet tends to remain overlooked. The people who are already struggling due to poverty, lack of healthcare, and structural power imbalances always tend to be the ones hit hardest by epidemics and other crises. During the ongoing covid-19 pandemic, this has been quite visible both globally (a rather extreme example is vaccine inequality, particularly in the Global South) and on national levels. More detailed analyses might bring forth themes such as survivor guilt or the effects of childhood famine on later life.

The wide variety of people's reactions and different ways to navigate a highly stressful time, and the resilience of past individuals as well as communities, are themes that could be particularly valuable in public discussion during an ongoing crisis. I find it particularly important to counter the common myths concerning past epidemics, such as the deeply rooted narrative that people reacted in chaotic and highly selfish ways. While such occurrences have been recorded, they are far from being the only truth. What I see both in my sources and in scholarly literature[3] is evidence of coordinated responses, tireless efforts, cooperation, and

[3] A recent example of research on such themes is the book by John Henderson, *Florence Under Siege: Surviving Plague in an Early Modern City* (Yale University Press, 2019), which highlights the many ways the Florentine people sought to help each other during a plague outbreak. Bodil E. Persson, *Pestens gåta: Farsoter i det tidiga 1700-talets Skåne* (Historiska institutionen vid Lunds universitet, 2001), has laid out many examples of the efforts (albeit often unsuccessful) to halt the spread of and help the victims of the Great Northern War plague outbreak in Sweden. Similar efforts were made in Stockholm, as described by J. V. Broberg in his master's thesis *Om pesten i Stockholm 1710*, originally written in 1854 and published

selflessness in the face of great danger and devastation. A notable example is that, when it comes to plague, the general consensus amongst medical professionals seems to have been that those who had contracted the plague should be helped whenever possible, even if there was only little a physician could do. Physicians tried to ease the suffering of plague-stricken patients by making their symptoms more bearable, for example via medicines that might decrease fever.[4] This notion goes directly against the idea of people abandoning each other in panic. Furthermore, when smallpox inoculations were carried out in eighteenth-century Sweden, it was not only physicians but also volunteers from varied backgrounds who performed them, including barber-surgeons, midwives, clergymen, and laypeople.[5] Along with other efforts, such as the founding of parish granaries to prevent famines, this shows widespread interest in communal well-being.

Throughout the pandemic, I have been trying to arrange my thoughts on how to write about historical crises in an ethical way.[6] I still have no definite answers to this question. This conundrum, among other pandemic-related factors, has slowed down my research significantly. It has not, however, lessened my interest in medical history, historical demography, and the history of diseases. Quite the contrary, I find research on these topics even more fascinating and relevant than I did before. I see them somewhat differently, perhaps with a deeper reverence, and with a stronger need to understand the human experience entangled in them. I find that I am also more aware of the responsibilities a historian has towards the world of today and tomorrow; our work is not separate from the phenomena and problems that surround us. The most crucial lesson I have learned during the

in *Historia kring Stockholm: Vasatid och stormaktstid*, ed. by Ingrid Hammarström (Stockholm: Wahlström & Widstrand, 1966), pp. 116–130. Broberg recounts various measures taken to combat the epidemic, e.g. pharmacies being ordered to dispense medicines free of charge to those in need. He also describes the discussions held within the *Collegium Medicum* on how to prepare for the inevitable arrival of the plague and, later, on how to react during the different stages of the epidemic. Physicians who failed to do perform their duties adequately had to answer to the *Collegium*, even during the height of the outbreak. Additionally, Broberg mentions Emerentia Rydelia, a vicar's wife who chose to care for the sick and dying throughout the epidemic, undoubtedly at great personal risk.

4 Such advice was given for example by the prominent physician Andreas Sparman (later Palmkron, 1609–1658) in his book *Korta Berättelser / Huru man sig emot Pestilentzen och Rödsoten förwara skal*, originally published in Stockholm in 1638. The book was again published during plague outbreaks, in 1652 and 1710. Sparman emphasized the importance of trying to make the patients more comfortable in order to strengthen them and help them survive the disease.

5 On inoculators, see J. E. Railo, 'Variolaatio Suomessa 1754–1801', *Hippokrates, Suomen Lääketieteen Historian Seuran vuosikirja*, vol. 11 (1994), pp. 47–74.

6 I have previously written on similar themes in the essay and book review ' Syväluotaus: Tautien historiaa pandemian keskellä', *Historiallinen aikakauskirja* 119:1 (2021), pp. 108–112.

pandemic is that the role of a professional community is essential – there must be forums to discuss difficult themes with others who are working on similar issues. I find such exchange to be particularly fruitful when it is multi- and cross-disciplinary, and for me personally it has been very rewarding to discuss medical history not only with other historians but also with medical professionals. It is my hope that these two years have taught us in the scientific world to cooperate more closely, and that this will help us to be better prepared and equipped the next time something similar happens.