

# The Years We Lived in Danger: Where Are They? Reflections of a Medical Historian on the COVID-19 Pandemic

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## ABSTRACT

Some reflections on the social consequences of the COVID-19 pandemic in Argentina from a historical point of view. It concludes that it is risky to infer social consequences from an epidemic and make hasty statements in terms of historical causality.

**Keywords:** social consequences of COVID-19, history of epidemics, epidemics in Argentina.

## Los años que vivimos en peligro ¿dónde están?

### Reflexiones de un historiador médico sobre la pandemia de COVID-19

#### RESUMEN

Reflexiones sobre las consecuencias sociales de la pandemia COVID-19 en la Argentina desde el punto de vista de la historia de las epidemias. Se concluye que es riesgoso inferir vastas consecuencias sociales de una epidemia y efectuar afirmaciones apresuradas en términos de causalidad histórica.

**Palabras clave:** consecuencias sociales del COVID-19, historia de las epidemias, epidemias en la Argentina.

## INTRODUCTION

Sometimes, it seems like it never happened. Sometimes, one wonders where those two years went, the ones we spent in a state of suspended animation. Was it reality or a long nightmare? I am referring, of course, to those of us who didn't suffer the loss of loved ones. For those who had people to mourn, the absences are too painful to pretend that nothing happened. For those of us who didn't experience those losses, the anxiety, the fears, the anger, all those traumatic emotions and experiences underwent an accelerated fossilization process: they remain like museum specimens, objects of a forgotten memory. If in 1942, in the midst of World War II, Charles Trenet sang "Que reste-t-il de ces beaux jours?", it seems fair to

ask ourselves now: what remains of those terrible days? During the pandemic, there were many assessments of medical and social consequences. My aim is not to review numbers, controversies, statistics, or topics that are all too well-known by now – I won't be discussing medical-epidemiological issues. Nor will I discuss local policies (which would distort what I want to convey) or those issues about which economics and other social sciences inform us (though I will make a fleeting reference to them)<sup>2,3</sup>. Above all, I would like to reflect on the recent COVID-19 pandemic from the perspective of historical experience. It has been said that history deals with what affected the most individuals for the longest time and with the most consequences (the "rule of the three most").

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The pandemic was a global phenomenon, and although reference to the immediate is inevitable, it is important never to forget the viewpoint of the whole. In an interview at the end of March 2020, I was asked what significant transformations the pandemic would bring once it was over<sup>4</sup>. At that time, I noted down (in unpublished notes) my strong doubts about Yuval Harari's claim, who, in an article in the *Financial Times* on March 20, 2020—the day quarantine went into effect in our country—argued that after the pandemic, “we will inhabit a different world”<sup>5</sup>. Four years later, with the storm behind us, I believe my initial skepticism was justified: the COVID-19 pandemic was not the historical-cultural turning point many thought it would be.

Neomillennial expectations have not materialized. The proclaimed revolutions or planetary restorations still await their fulfillment, and at the level of our nation, I find little evidence that we have “come out any better.” The memory of epidemics goes buried, along with the corpses they produce. An author of a medieval text from the 15th century, the *Chronicle of Limburg*, stated about the Black Plague: “After this, when the plague, the pilgrimages of the flagellants, the pilgrimages to Rome, and the massacre of Jews had ended, the world began to live again, joy returned, and men began to make themselves new garments.” In the fifth movement of the Pastoral by Beethoven, after the storm, we hear the sweet and serene song of the shepherd, as if the sky had not been on the verge of collapsing.

## DEVELOPMENT

Social attitudes towards healthcare personnel underwent a radical change in the post-pandemic period. These professionals were at the forefront of the defense, facing corresponding effects on their own physical and emotional health 6-7. In June 2021, the Association of Nursing Graduates (*Asociación de Licenciados en Enfermería ALE*) reported that 203 nurses had died from coronavirus during the pandemic<sup>8</sup>. The memory of the spontaneous and popular tributes paid to doctors, paramedics, and other healthcare personnel is still fresh. Just two years later, the medical profession faces a severe crisis, prompting an increasing number of doctors to emigrate to neighboring countries or Europe<sup>9</sup>. Pediatricians of my generation are witnessing an extraordinary situation regarding residencies or shifts with open vacancies<sup>10</sup>.

Something similar is happening in cardiology and, undoubtedly, in the other specialties<sup>11</sup>. Heroes or heroines just a couple of years ago, doctors are now exploring new horizons where they can practice their profession with dignity. This abrupt shift leads to reflections on the difficulties of transferring social values specific to the exceptional nature of the pandemic episode to periods of “normality.” Epidemics, like wars or huge catastrophes, are abnormal situations in which the rules and codes of social functioning get suspended, giving rise to both the best and worst in humanity—the most noble heroism and the most abject infamy. In these episodes, we see the

constant blend of misery and self-sacrifice that makes these events a mirror of humanity; then, everything slips into oblivion.

When we reflect on the COVID-19 pandemic, we must consider: a) that macro-level effects tend to occur in the long term (in historical terms, this means decades or centuries), and b) that it is very tricky to determine whether one or another social phenomenon was caused or accelerated by the epidemic. Let us take an example. The Black Death (bubonic plague), which arrived in Europe in 1347 and continued to ravage the continent with recurrent outbreaks until the early 18th century (the Marseilles plague of 1720 was the last major outbreak), is the paradigm of epidemics. Estimates of the death toll from the initial wave, between 1347 and 1353, vary from a quarter to half of the population of Europe (some regions were devastated, while others were barely affected). Frank Snowden, the Yale historian of epidemics, noted that “the bubonic plague is the inevitable point of reference in any discussion of infectious diseases and their impact on society (...) the plague represented the worst imaginable catastrophe and thus set the standard by which other epidemics would be judged”<sup>12</sup>. The Black Death has been credited with driving numerous socioeconomic transformations that may have occurred in the two centuries following the late Middle Ages. A historian who devoted his career to studying it, Samuel Cohn Jr., stated: “Historians have seen the Black Death as responsible for the peasant revolts of the late 14th century, the end of serfdom, the rise of vernacular languages, the Reformation, and even Modernity itself. It is highly doubtful that the plague alone can explain such extensive and diverse changes”<sup>13</sup>.

We are struck by how “contemporary” the photographs of the “Great Flu” of 1918 appear because, in many of them, people are shown wearing masks, just as in 2020-2021. That is anecdotal. However, that occurred as constants in all mass epidemics or pandemics: tensions between state or political power control and individual freedoms; conflicts between commercial interests and public health measures; debates over the cause of the epidemic, which include marginal alternatives to mainstream understanding and conspiracy theories; manifestations of heightened religiosity or conflicts between the secular and the religious; group or individual displays of introspective withdrawal or manic expansion; and the discrimination, segregation, or killing of minorities that serve as “scapegoats.”<sup>14</sup> If we review the almost overwhelming bibliography on the Black Death, we will see each and every one of these traits<sup>14</sup>. It is an exercise for the reader to speculate on the forms they took among us in 2020-2021. In any case, a word of caution is in order here. All comparisons between historical periods or situations should be made with caution. The past is not the present in period costume but has some character in its own right. To casually extrapolate from the present to the past (or vice versa), to compare as if we were contrasting two objects before our eyes, is to

dismiss the otherness, the specificity of the past as such; in short, it is to deny history<sup>15</sup>. In *Journal of the Plague Year* by Daniel Defoe (yes, the author of *Robinson Crusoe*) from 1772, about the terrible plague of London in 1665, the author says that “nothing is more barbaric than risking the well-being of the kingdom for the miserable gain of one person, “and adds that some groups advocated against the “violence against liberty” and the “insults against the rights of the people.”

These manifestations are familiar to those of us who lived through the pandemic in Argentina in 2020. But there were also very significant differences. We cannot simply compare a 17th-century town with one from the 21st century. The analogy only goes so far. In these situations, there is a range of expansive reactions—protests against confinement or against the inability to continue with daily activities, in short, the backlash to the increased social control implicit in restrictive measures. When we consider that during one of the plague episodes in Milan, infected people were locked in their homes, sealed shut, we notice the differences. The history of public health is marked by violent resistance because it is a history of often coercive measures taken for the sake of a common good that is not always perceptible, and this generates conflict (especially in societies not accustomed to obeying rules)<sup>16</sup>.

Some common constants in epidemics can be verified, and one of them has to do with which sector of the population was most affected by the pandemic. An August-October 2021 report by the Instituto Nacional de Estadística y Censos (INDEC) states that “49.3% of households reported having experienced a decrease in their total income compared to the pre-pandemic situation. In households where the head of the family had lower levels of education, the proportion that experienced a reduction in income was higher (57.1%)”<sup>17</sup>. According to a United Nations Argentina report, monetary poverty for the total population increased from 35.5% in the second half of 2019 to 42% in the second half of 2020. Extreme poverty, meanwhile, rose from 8% to 10.5%<sup>18</sup>. None of this is surprising; quite the opposite. In his masterful study of disease and epidemics in Western history, epidemiology historian J. N. Hays has shown how it was always the poorest who bore the brunt of these scourges. Furthermore, this author questions the approaches of the “cultural construction of disease” (the idea that disease is not a natural process but a sociocultural representation) because this perspective can overlook the dramatic reality of disease among the underprivileged<sup>19</sup>. The COVID-19 pandemic primarily affected the most vulnerable: children, people with disabilities, seniors (especially those in nursing homes), and people with mental illnesses. According to the United Nations Children’s Fund (UNICEF), in our country, by October-November 2020, 40% of households with children under six years old reported that these children had experienced changes in their eating habits since the lockdown began, 42% in their sleeping habits, and 15% had communication problems.

Additionally, at the same time, 12% of adolescents felt depressed, and 24% felt distressed<sup>20</sup>. One wonders whether it is possible to measure the extent and depth of the psychological damage caused by two years of confinement, the anguish of death, and, in many cases, severe family dysfunction through surveys of this kind, but at least they suggest something. The unconscious scars left by all of this and how they may impact the lives of those who experienced them do not seem to be quantifiable variables.

One transformation that is evident as a product of the pandemic is that of information globalization (of enormous democratizing power) and, perhaps, the change in the structure of work and urban commuting patterns, although - given the almost simultaneous emergence of artificial intelligence (AI) - it will be difficult to distinguish in the future the factors that are contributing to these macro-transformations. It is true that, before 2020, very few of us had used Zoom or Meet or pronounced that dreadful neologism: “webinar.” But what we have here is more an acceleration of a trend that would have occurred anyway. The same happened with the already mentioned economic, demographic, social, and political transformations that followed the Black Death of 1347. In many cases, they were intensifications of trends that were already emerging. In a 2021 review by the British Academy of the long-term effects of “the COVID decade,” it was stated that “many impacts of the pandemic are an acceleration of existing trends (...). That should be expected, as it is the pattern that pandemics and major crises have shown throughout history”<sup>21</sup>.

It is risky to prophesy about the rise of “global consciousness” (something very challenging to define and even more to evaluate); nonetheless, it is plausible that, as a consequence of the pandemic, there has been an increase in the attention given to global phenomena, to the alteration of natural balances, and to the urgency of addressing environmental issues and climate change. Eighty percent of emerging diseases have zoonotic origins (70% from wildlife)<sup>22</sup>. The emergence points of infectious diseases are in traditional and rural societies, such as Ebola (West Africa), MERS (Middle East), H5N1 avian influenza, and COVID-19 (China, at the urban-rural border). In 2012, a natural world author, David Quammen, published a bestseller on the animal origins of recent epidemics, in which he stated that having consulted numerous pandemic experts, “none of them doubted the premise that if there were to be a Next Really Big One, it would be of zoonotic origin”<sup>23</sup>. And so it was. An interesting study by the Academia Nacional de Ciencias (Córdoba) states that “the COVID-19 pandemic, while unprecedented in its scale, is not an isolated event.”

Global climate change, the accelerated deterioration of biodiversity, growing social inequality, and the concentration of wealth within and among countries are all symptoms of the same underlying process: the predominant model of nature appropriation and societal relations<sup>24</sup>. There is a connection between environmental

imbalance, ecosystem destruction, climate change, and these emerging diseases, but tracing this route is not always straightforward. William McNeill's seminal 1976 historical epidemiology study, *Plagues and Peoples*, analyzes human history in terms of microparasitism and macroparasitism<sup>25</sup>. This book, which examines the natural history of diseases as part of the global landscape of civilizations and peoples, makes it clear that disease has always been with us, arising and disappearing in terms of interspecific biological interactions that, in the case of humans, are interwoven with cultural history, which in turn is linked to environmental history.

In a 2020 note on COVID-19 and the lessons of history, Anne Hardy, honorary professor at the London School of Hygiene and Tropical Medicine, stated that after nearly a century in which humanity seemed to have achieved some form of balance with infectious diseases, COVID-19 was an indication that we had entered a more dangerous global era, due to a lack of environmental awareness, to significant population growth, and to the increase in intercontinental travel as a lifestyle<sup>26</sup>. Yes, we are well aware that diseases travel through the world: the development of transportation as a consequence of the First Industrial Revolution (the steamship and the massive expansion of the railway network) was crucial in the propagation of epidemics across the planet. Diseases have accompanied the endeavors of discovery and colonization. There is consensus that the conquest of America was made possible by infectious diseases (smallpox, measles, influenza) that exterminated much of the population inhabiting the continent (demographic estimates from specialists vary widely).<sup>27</sup> The same can be said for the great expansion of European empires in Africa and Asia during the second half of the 19th century. In perhaps the most tersely concentrated phrase in historical epidemiology literature, the mentioned Hays states: "In the 19th century, Western imperialism spread diseases while simultaneously altering the human and natural environments in which disease thrived. From that perspective, it can be seen as a disaster rather than a triumph of humanity"<sup>19</sup>.

One thing seems to have become a given: the emergence of effective vaccines against the virus. It is curious how much technoscientific civilization has been "naturalized" that we are not surprised by the design, production, and distribution of vaccines on a global scale. Looking at the polio epidemic in the United States, we see that Franklin D. Roosevelt (himself a victim of the disease) launched the March of Dimes Foundation for Children with Birth Defects in 1938 to raise funds to combat the disease. Jonas Salk produced the first inactivated virus vaccine as late as 1955, 17 years later<sup>28</sup>. There is no question here that in 2020, there were already experimental vaccines, molecular biology techniques, and industrial capacity in that regard; of course, that is to be expected in the 21st century. What is historically interesting is the geometric rate of increase in the possibilities of developing (at least in this case) effective

means to combat the disease across the entire planet. The point becomes even clearer if we imagine what would have happened during the COVID-19 pandemic without vaccines and recall that the so-called "Spanish flu" of 1918 (likely originating in the United States) caused more casualties than the Great War<sup>29</sup>,<sup>30</sup>. The scientific and medical progress of the 20th century and the early 21st century sometimes makes us forget that what we can call "scientific" medicine is, in terms of historical scale in the West, something very recent, no more than a century and a half old. Before that, we had traditional medicine that, in terms of fighting epidemics, was largely ineffective (the exception, of course, being the famous smallpox vaccination introduced by Edward Jenner in 1796). Humanity has been dealing with epidemics and pandemics since at least the origins of cities in the third millennium BCE, when humans began living alongside domesticated animals, and population density would have been sufficient to ensure transmission. In a history spanning five millennia or more, what first emerged was civic quarantine control in the cities of Renaissance Italy. The efficacy of biomedicine is something very new.

We will conclude with a small example, a rough sketch of the scope and limitations of comparing the present with historical episodes. It is a known fact that the crude mortality rate is not a good differentiator, and, regarding COVID-19, the most dramatic issue was not mortality but the sequelae and chronic consequences of the infection. With these caveats, let us compare the mortality in the yellow fever epidemic in 1871 in Buenos Aires to that of COVID-19 in the country (at the risk of comparing somewhat non-equivalent populations). For the 2020-2021 pandemic, if we take 130,000 as the number of victims out of a total population of around 46 million, we will find that the percentage of deaths was around 0.28%. Let's compare this with the number of victims of the 1871 yellow fever epidemic in Buenos Aires (13,614) for a city population of 190,000 (1869 census), which gives a percentage of 7.2%.<sup>31</sup> Despite the rudimentary nature of the indicator used, it is instructive to see that there is at least an order of magnitude difference (about ten times more or less) in the number of deaths. It is a known fact that the yellow fever epidemic led, among other consequences, to the closure of the South Cemetery, the accelerated opening of the Chacarita Cemetery, and intra-urban migration such that many wealthy families from the south moved to the north of the city, which resulted in a structural change: the emergence of Barrio Norte<sup>32</sup>. During the COVID-19 pandemic, there seems to have been a movement of affluent sectors to gated communities, semi-rural areas, or "urban gated communities" but it is unclear whether this was more than a temporary phenomenon<sup>33</sup>. In contrast, the results of an analysis by the Institute for Labor and Social Studies at the University of Business and Social Sciences (IDELAS-UCES) of data from INDEC Permanent Household Survey compared migration patterns across the country between the second quarter of 2019 and that of 2021. This showed

that in urban centers with fewer than 500,000 inhabitants, the population decreased by 7.5%, while in those with more than 500,000 people, it increased by 4.3%. The reason for this shift toward the cities would have been the search for better job opportunities by the less privileged sectors<sup>34</sup>. Further sociological and demographic studies would be necessary to reach more solid conclusions. However, with the information available, we can grasp some differences between the yellow fever epidemic and the COVID-19 pandemic without losing historical perspective and distance.

## CONCLUSION

History is rarely a good guide for glimpsing what is to come. Its contribution lies in outlining a horizon, opening a perspective that allows us, at least in part, to rise above the immediacy of experience. If history serves any purpose, it is to provide depth of focus regarding a particular episode, to understand certain aspects of what is happening as manifestations of very general regular behaviors, and, at the same time, to recognize that much of what occurs is specific to the present, just as much of what happened was characteristic of particular situations and contexts, to some extent, foreign to us. If we view things from this unstable balance, perhaps we can take advantage of what that extended and global narrative that is the history of epidemics has to tell us about the COVID-19 pandemic.

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