Gerard Delanty

Introduction: The Pandemic in Historical and Global Context

For many people the world changed in the first half of 2020. The sudden arrival of Covid-19 and the declaration of a pandemic on 11th March by the World Health Organization changed social life in far-reaching ways.[1] The pandemic was a social and economic shock as well as a political crisis and a psychological trauma. There was an abrupt end to mobility as, one by one, states imposed lockdowns and quarantines with the result that normal life ceased. Death not life dominated the media for months. Capitalism itself was put on hold, or so it seemed for a brief moment.[2] What at first seemed possible only in a dictatorship became an increasingly accepted way to respond to the danger posed by the coronavirus. Almost a year later, it does not look like the pre-pandemic world will simply return, but a new world is also not in sight. The tensions resulting from the Covid-19 pandemic have become entwined in a range of other social and political issues, such as the Black Lives Matter [BLM] movement around racial injustice, the acceleration of post-democracy, and the problems already endemic to capitalism of major social inequalities.

The point of departure for this volume is that the pandemic presents many challenges for social and political science. To begin, the shock of the pandemic needs to be placed in longer historical perspective as well as in global context. The advanced western world had become accustomed to relative freedom from dangerous infectious diseases. But from a global and historical perspective this is a somewhat narrow view of historical experience. A re-contextualization of the pandemic does not detract from the fact that it has clearly become an event of considerable significance that has opened up a wide range of possible political epistemologies. Extreme right-wing groups, conspiracy theorists and American Pentacostalists, at one end of the political spectrum, are mobilizing as much as those at the other end, such as BLM and radical ecologists. Some-

1 A note on terminology may be helpful. SARS-CoV-2 is the virus classification that caused Covid-19. The former is one of a group of RNA based coronaviruses. It means 'severe acute respiratory syndrome coronavirus'. Other coronaviruses are MERS-CoV, which appeared in 2012 in Saudi Arabia, and SARS-CoV, which emerged in 2002 in Guangdong in China. Covid-19 is a classification of infectious diseases (Co for Coronavirus; vi for virus; 19 for 2019). Covid-19 was declared a pandemic by WHO in March 2020.

2 The reality of course is an economic crisis and a downturn in growth. It does not necessarily signal a crisis of capitalism.

https://doi.org/10.1515/9783110713350-001

where in the middle are libertarians campaigning against restrictions to individual liberty. Resistance is everywhere. But, as with most social and political phenomena, resistance does not take just one form.

An epidemic or pandemic is an event – a disease and illness – that projects a certain image around which rival interpretations compete. The image may be more terrifying than the disease, which will visit only some, but the consequences for all will be great.

The Covid-19 pandemic is increasingly attracting the attention of academics working in many fields across the social and human sciences. Social and political scientists have begun to explore the wider societal significance of the pandemic and the responses to it. The economic and social consequences will almost certainly outlive the pandemic itself. The analysis of the pandemic is not confined to the specialist fields of epidemiology and public health on how infectious diseases spread and how they can be controlled. This is as much a sociological question as it is a biological one, since viral infections are transmitted through social interaction. Communication makes possible the contagion of disease.[3] The health crisis touches on numerous aspects of social organization including the role of medical experts, as discussed by Stephen Turner and Jan Zielonka in this volume. In many ways, the pandemic also poses fundamental existential questions about social life as well as exposing many of the inequalities in contemporary societies. It also comes at a time of major social transformation on a global level as a deep sense of crisis and anxiety is felt everywhere, especially concerning environmental and economic sustainability. The problems of contemporary societies have become intensified as a result of the pandemic. It is possible to speak of a triple crisis: a health and medical crisis, an ecological one, and a crisis in capitalism and globalization.

Viruses and Globalisation

Infectious diseases have played a pervasive role in the shaping of human societies.[4] The history of infectious diseases demonstrates the fragility of the human body and social organization in face of major epidemics. It is arguably the case that throughout the history of civilization, the greatest danger to social

3 As Priscilla Wald argues in a remarkable work, 'Contagion is more than an epidemiological fact. It is also a foundational concept in the study of religion and of society, with a long history of explaining how beliefs circulate in social interaction (Wald: 2008: 2).

4 For some general overviews, see Harrison (2004), Hays (2009), Honigsbaum (2020), Oldstone (2010), McNeil (1998), McMillen (2016), Morse (1993) and Snowden (2020).

life has been the unrelenting presence of epidemics. The spread and control of disease, far from being incidental to social life has been as much a feature of human societies as war (Snowden 2020). The decline of war as the main cause of death, left infectious disease as the primary killer for much of the world. Epidemics are not just biological facts; they are deeply entwined in the social and political fabric of societies. They are also integral to much of human experience simply because they portend death.[5] But they also give rise to hope in face of catastrophe. As Bryan Turner shows in his chapter in this volume, epidemics and pandemics have been world-changing events and there are certain historical similarities between Covid-19 and previous pandemics in terms of the search for meaning in the face of catastrophe.

It is now widely recognised that epidemics must be located in the global context; contagion, by its nature, is not confined by national boundaries or borders. Even before the transoceanic European contacts with the Tropics and the New World, the dissemination of infectious disease across civilizations was ever present, as evidenced by the bubonic plague. In this context, there is a fuzzy line between an epidemic and a pandemic. The latter is by definition an epidemic that is global. Today most pandemics are influenzas. Pandemics recognised by the World Health Organization have all been influenza epidemics (1958, 1968, 2009) with the exception of Covid-19. The increasingly global scope of epidemic diseases also reveals another fact of human life: the pathogens that inflict suffering on humans are now connected with the planetary crisis of life itself. For at least these reasons it is questionable that globalization is threatened by the pandemic, though now global travel has decreased. Globalization constitutes the very conditions of the possibility of pandemics. The Covid-19 pandemic is also, as Daniel Chernilo says in his chapter in this volume, arguably the first global phenomenon in human history in which the majority of the world's population is experiencing a similar event at the same time. Of course, they are experiencing it in very different ways. For Frédéric Vandenberghe and Jean-Francois Véran in their chapter in this volume, the pandemic is what they call a global total social fact

Nonetheless, the immediate impact of a pandemic is local before it is global. Since the direct social effects of epidemics have always been demographic, their control became inevitably bound up with the historical formation of states. The control of populations and territory is the primary role of the state. Since antiquity, states have been faced with the fundamental problem of the survival of their citizenry as a result of devastation from disease. In the longer perspective

5 On this, see Fassin (2018).

of history, it is remarkable that until the late nineteenth century following major scientific breakthroughs with the work of Louis Pasteur in France and Robert Koch in Germany, there was little or no understanding of the causes of infectious diseases. Viruses[6] remained invisible with the early microscope and were not identified until the 1890s as separate from bacteria, but it was not until the 1930s with the invention of the electronic microscope that they were finally made visible. Consequently, before the advent of germ theory, the explanations found for most – if not all – infectious diseases were often religious or were attributed to the natural order of life or to some mysterious atmospheric entity such as 'miasma'.

In the absence of vaccines, immunity, the only real protection against infectious disease, takes a considerable time to develop and for the majority of diseases there is no immunity. For much of history, people had little or no protection against the spread of infectious diseases, which grew along with increased population density and mobility. The rise of capitalism and industrial society in the nineteenth century led to rapid population increase and urbanization. While this provided fertile ground for the spread of airborne infectious diseases, such as tuberculosis, and waterborne diseases, such as typhoid and cholera, the other side of the double-edged sword of modernity was the rise of science and secularization, which prepared the ground for significant progress in medicine and in public health. Sanitation and, later, inoculation was as central to the 'civilizing' project of modernity as was education, liberty, justice and democracy (see Harrison 2004). The Enlightenment proclaimed science to be the basis of progress, which included new conditions for human life itself. It cultivated the Eurocentric belief that Europe was – or could be – free of disease, while ignoring the fact that European imperialism was a major force in the spreading of disease. It was smallpox followed by measles that brought about the end of the Inca and Aztec civilizations in the 1530s following the Spanish conquest that was enabled by the incredible loss of 90 per cent of the Amerindian population. These viruses changed fundamentally the course of world history.

As Carl Zimmer wrote in *A Planet of Viruses:* 'Viruses are unseen but dynamic players in the ecology of Earth. They move DNA between species, provide new genetic material for evolution, and regulate vast populations of organisms. Every species, from tiny microbes to large mammals, is influenced by the actions of viruses' (Zimmer 2015: ix). Yet, despite this reality, the modern world gave rise to the dream of hygienic containment, the desire for contagion-free societies and the sovereign individual (see Bashford and Hooker 2014). The impossibility of re-

6 Most viruses are hundreds of times smaller than a bacterium.

alizing this dream led to anxieties of contagion, including the very idea of contagion. Fear of inflection and fear of others are closely connected. As the Italian philosopher Roberto Esposito explains in his book *Immunitas*, the category of life itself includes an element of its opposite, such that both the human and the social body are not pure or self-contained. The body is in continuous exchange with its environment (Esposito 2011). Eradication is a myth that rarely is achieved.

Modernity, Catastrophe and Disease

By the second half of the twentieth century, it seemed that modernity had conquered some of the worst infectious diseases. Despite what was perhaps the greatest catastrophe in human history, the 1918 flu pandemic, which led to the death of more than 50 million people, significant progress continued to be made against infectious diseases as the primary causes of major social transformations (Barry 2020; Spinney 2018). In Europe, at least, cholera, typhoid and smallpox became less important than tuberculosis as the main cause of mortality. The end of epidemics appeared to be in sight with the eradication of smallpox in the 1970s, the discovery of antibiotics and vaccinations for a range of infectious diseases such as polio, measles, tuberculosis, diphtheria, and whooping cough.

This book begins with the recognition that the apparent end of the major historical infectious diseases through their eradication or elimination and the victory of human power over natural pathogens must be questioned. The argument underlying this volume is that epidemics and pandemics have been, and will continue to be, part of human history. Their form will change and the specificity of pathogens will change, but they are not anomalies of the human condition. Human have established themselves as the masters of nature; they have positioned themselves, figuratively speaking, at the top of the food chain, but they have not gained control over the most primordial and smallest form of life, the virus to which they are in thrall. The longer perspective of history reveals that we are always between an epidemic or a pandemic. It is only a question of scale and timing. This is not to deny the tremendous success of the modern state and of science in its response to major epidemics, which are no longer the major causes of mortality. It is also incontrovertible that improved conditions of life as a result of diet, sanitation, vaccination and pest control are the most effective remedies against some of the most virulent diseases such as malaria, yellow fever and cholera that still persist in many of the less developed countries. Nonetheless, the great faith in scientific progress that came with modernity

does not lead to one single future and nor does it offer protection against catastrophe. As Mark Harrison (2014) as shown, the rise and expansion of commerce was accompanied by the spread of infectious diseases. The entangled history of commence and contagion, reveal an interconnected world that does not lead inexorably in the direction of immunity against disease.

Histories of epidemics provide detailed and rich histories of the complex epidemiology of infectious diseases. Much is now known about the entangled history of viruses and human societies since William McNeill's seminal *Plagues and Peoples* in 1976. Major works by other historians of disease, such as Hays (2009) and Oldstone (2010), provide ample evidence that successful immunization has not given modern societies total protection from deadly microbes. This has also been affirmed by Frank Snowden (2020). As McNeill and others have shown, there are many historical examples of microbes instigating major historical transformations from Athenian society and the Roman Empire, to the pre-Columbian civilizations of the Incas and Aztecs (see also Price-Smith, 2008; Ranger and Slack 1992). Viruses and bacteria were also catalysts in bringing about the transformation of Europe from the Black Death to the 1918 flu. Societies, to be sure, adapt to changes in their environment, but no social or even human evolutionary or cultural response equals the capacity of viruses to adapt to their hosts. Viruses evolve and mutate more rapidly than any other organism (Wolfe 2011: 8 and 34). This is one of the reasons for their tremendous capacity to bring about major social changes (see also Diamond 1998). It is worth recalling that the three greatest catastrophes, in terms of the number of deaths, in human history were the Bubonic Plague in the 1340s, the devastation of the Inca and Aztec civilizations by smallpox and measles in the 1530s, and, as mentioned, the 1918 flu pandemic. It is a further question whether the cultural memory of these events was in relation to their historical importance as catastrophic events. The 1918 flu, for example, was overshadowed by the memory of the war that preceded it even though it caused more deaths. Perhaps the horror of the war and the mass death it produced de-sensitised war-torn societies to death.

Social and political scientists, unlike historians, have given insufficient attention to epidemics[7], with the single and notable exceptions of HIV/AIDS, on which there is now a large interdisciplinary literature. Perhaps because the age of the great historical pandemics in western societies appeared to have passed, social science has for the greater part given more attention to other prob-

7 Some exceptions are Davis (2005), Dingwall et al (2013), Opitz (2017), Weir and Mykhalovskiy (2010). It should be noted that sanitation and disease were taken seriously in early Chicago sociology. See Chapter 3 Wald (2008).

lems that emanate directly from human societies, such as technologically based risks from nuclear plants and nuclear weapons (Beck 1992). There is also the widespread recognition that death in the advanced western world is more likely to be due to degenerative diseases, such as cancer and heart disease than infectious diseases (see Aries 1974, 1991). There are several reasons to ask why what Ulrich Beck termed 'risk societies' are less prone to pandemics and major destabilizing forces deriving from viruses. This volume seeks to demonstrate the importance of redefining human societies in terms of vulnerabilities, suffering, susceptibility to catastrophe, and pathologies of both a biological and social nature.

After such catastrophes as Hurricane Katrina in August 2005 or the Asian Tsunami of 2004, we are now more sensitive to the vulnerability of human societies to natural catastrophe (see also Jones 2018). Such events are not simply natural, but also social events. To follow Tierney, disasters entail the juxtaposition of physical forces, which may be geological, atmospheric or technological forces, and other social and political relations in the context of vulnerable communities (Tierney 2019: 4–29). They are not a departure from normal life, but increasingly a part of normal life. From a critical perspective, disasters are not isolated events but part of the fabric of societies and are characteristic of the social contexts in which they occur as opposed to being external to those settings. So major events, such as Hurricane Katrina reveal that catastrophes are not exogenous but endogenous to the social order (see also Blaikie et al 1994; Elliott and Hsu 2016). As Tierney and others who research disasters show, the potential for disaster is growing as a result of the ever greater concentration or density of populations living in high-risk areas as well as the circulation of dangerous substances – as is also aptly illustrated by the catastrophic explosion in Beirut in August 2020. While many events are contained in a specific area, many are not, such as the Chernobyl explosion in 1986 or, as Jean-Luc Nancy argues, the explosion at the Fukushima nuclear power plant in Japan (Nancy 2015). More pertinent in the present context are the causes of epidemics, which can also be seen as the consequence of a local disaster taking on a global dimension.

The Social Construction of Disease

Since the tremendous impact of the work of Michel Foucault on health and medicine as well as on many other aspects of modern society, there has been a pervasive tendency in social science to emphasise the cultural dimensions of social phenomena, especially those concerning power and domination. While this has opened up an important critical perspective on the social construction of what had previously been seen as natural (the self, illness, identity, gender) it has

led to an overemphasis on the cultural nature of disease, often to a point that the objectivity of the disease is reduced to its discursive existence.

Epidemics are both pathological realities as well as social constructions in that they are mediated by social and political conditions. Infectious diseases are neither entirely constructions nor objective realities. They are realities in themselves but are culturally mediated by being interpreted in particular ways in specific times and places. They have social significance and political implications arising from human responses to what we can call the objective event of the epidemic or pandemic.

For this reason, the claim made by the Italian philosopher Gorgio Agamben that the pandemic is an 'invention' is misleading.[8] It is clear though he meant that it has been the subject of political instrumentalization and that the political consequences may be greater than those of the virus. The initial shock for many people was less the virus and the disease that it caused than the lockdown. But viruses have a reality in themselves that often eludes what humans can do with them. Yet, they acquire meaning and significance from the ways in which they are known and interpreted. For example, as Charles E. Rosenberg (1989) has written in an insightful essay on AIDS, epidemics take on a dramaturgic form in that they are events that happen at a specific moment in time and which unfold around a narrative of increasing revelation and tension leading to individual and collective crisis. Of course, most people are spectators in these dramas, which concern universal themes and give expression to deep anxieties that are nurtured by uncertainty. Yet, while a drama has a moment of closure, the reality of disease is very often that there is no closure other than death.

Priscilla Wald has drawn attention to another aspect of the cultural fabric of disease outbreaks: the role story-telling and narrative: 'The outbreak narrative is a powerful story of ecological danger and epidemiological belonging, and as it entangles analyses of disease emergence and changing social and political formations, it affects the experience of both' (Wald 2008: 33). It makes possible, she argues, through the language of crisis new acts of imagining the social body and political community.

Looking to the future and the alarming prospect of new viruses, there is the more radical possibility, as Nathan Wolfe argues in his book *The Viral Storm*, that a pandemic – the global spread of a highly infectious disease – could exist without being detected because of the absence of symptoms (Wolfe 2011: 98–9). Such a virus, unless it were one of the many harmless ones, would be a time bomb in that when the symptoms became manifest it would be too late

8 See https://www.journal-psychoanalysis.eu/coronavirus-and-philosophers/

to do anything about it. This, in effect, was what happened with HIV, which circulated for half a century in human populations before becoming detected. HIV also reveals the tremendous capacity of viruses, especially RNA viruses, to mutate very quickly and thus resist effective vaccines. They are not stable entities but evolving and often rapidly.[9] Until now, many of the most virulent viruses were either conquered, such as smallpox and polio, or confined to animals, such as fowl, pigs, some species of monkeys, or retained in animals that are natural reservoirs, such as bats for whom they are not dangerous. What we are now witnessing is the fluidity of human and nonhuman viruses. For this reason, the modern myth of a disease free world must be questioned.

New Infectious Diseases

It is now widely recognised that the social and the natural worlds are not separated, but are entangled in each other. This is one of the most important insights in social science in recent years (see Labour 1993, 2017). It was one of the fundamental arguments in William McNeill's classic work *Plagues and Peoples*, which claimed that the age-old balance between host and parasite is a permanent feature of the human condition and that the way they constantly return shows we remain caught up in the 'web of life'. Such a view provides a context in which to consider pandemics in general.[10]

Most of the major infectious diseases have come from animals. Many of these so-called zoonotic diseases go back to the beginnings of farming circa 12,000 years ago. They reveal the interconnectedness of the social and natural worlds. As Bruno Latour has argued, there is no natural world as such (and also no pristine social world). Nature is part of society and society is embedded in nature. Viruses too are part of the social and natural world. Letting aside the complicated question whether viruses are forms of life, the more relevant consideration is that many viruses enter human populations from animal hosts. Zoonoses jump (often via an intermediator creature) from animals that are natural reservoirs for

9 At the time of writing, there is some, albeit inconclusive, evidence of a mutation occurring in SARS-CoV-2 leading to its greater transmissibility. However this does not necessarily mean it will become more dangerous. See https://www.sciencemag.org/news/2020/07/pandemic-virus-slowly-mutating-it-getting-more-dangerous#

10 For these reasons, the relativistic argument of Bernard-Henri Lévy (2020: 26 – 7) that the virus is not a warning from nature is simply wrong. His statement trivialises the argument of Bruno Latour by referring to his position as a claim about a 'message from nature' and comparable to the arguments of Pentecostalists that it is 'a message from God'.

viruses and bacteria to humans who become their new hosts. The classic example is bubonic plague that derived from rats infested with fleas carrying bacteria which enter the human host following a flea bite. Viruses that ceased to be transmitted via a vector (for example smallpox, measles, cholera, polio, or tuberculosis) probably had their origin as a zoonosis at an earlier stage in history. According to Mark Harrison, pandemics normally arise when two strains of virus within fowl come together in a form that can infect humans (Harrison 2004: 189).

The lesson of the history of infectious disease is that everything is connected to everything. Zoonoses can also jump back to animals, as in the reported case of a cat who caught Covid-19 when her owner kissed her. It is now widely agreed that Sars-Cov-2, the specific type of virus that causes the disease Covid-19, derived from bats who infected an intermediator animal, which in turn infected humans in China. HIV is widely regarded as deriving from a virus that had been endemic in chimpanzees, who acquired it from a species of monkey that they hunted, probably as early as the beginning of the twentieth century. HIV took on a new trajectory once it found access to new populations. Many of these zoonoses were contained in their natural habitats or circulated in human populations that were relatively isolated. As a result of global transformations, such limitations no longer apply. Perhaps the really significant factor is worldwide imbalances in ecosystems, which lead to ever-greater 'spillovers' of viruses into human populations. As David Quammen (2013) has shown, a zoonosis is more likely to spillover in a disrupted and fragmented ecosystem than in an integrated one. For this reason, with the cutting down of the rainforests, the growing acidity of the oceans, and the massive expansion in the global industrialization of animal products, it is very likely to be the case that the future will see more, not fewer, pandemics as more and more strains of lethal viruses will be created and released. The propensity for a global spillover is very great for another reason: in view of the huge expansion in the human population, the potential host population available for viruses is now very great, especially if one takes into account the vast and increasing animal stocks that the human population feeds on.

In this light what appeared to be a puzzling anomaly, the HIV virus that caused AIDS and the death of about 35 m people since 1981 when it was first identified, can be viewed in a new way. It was not an exception but a warning of an era of new deadly viruses and the re-emergence of older ones. As Peter Baldwin has shown, the response to AIDS was shaped by the historical experiences with previous infectious diseases. The enduring problem of the modern state was to balance demands for individual autonomy with the community's need for safety (Baldwin 2005). According to Frank Snowden, since 1945 we have lived in an era of ever increasing numbers of diseases, which are not random or accidental (Snowden 2020: x). For Susan Sontag, 'AIDS is one of the dys-

topian harbingers of the global village, the future which is already here and always before us, which no one knows how to refuse' (2002: 178). These viruses can be seen to be partly a result of globalization and partly a consequence of new imbalances in the relation of human societies to the environment. The last few decades have seen the return of some old infectious diseases, since most of these have never been eradicated. All the major infectious diseases still exist, with the exception of smallpox (and perhaps too polio, which has now finally been eradicated from Africa). Most of these are very old, including the common cold, and have been present since the beginning of human societies. Bubonic plague also still exists and occasionally resurfaces, as it did in Inner Mongolia in 2020, as Bryan Turner points out in his chapter in this volume. It is mostly remembered for the Black Death in fourteenth-century Europe, but between 1896 and 1914 a third wave killed more than 13 m people in India and worldwide as many as 20 million (Snowden 2020: 38 – 9). Diseases such as yellow fever are becoming more prevalent and no longer confined to their traditional locations. Rising temperatures including increased water temperatures can be catalyst for the revival for cholera.

Perhaps more significant is the rise of new infectious diseases.[11] One of the first signs of new viruses was a new avian flu, H5N1 in 1997. Fortunately it died out since it was not highly infectious and many of those who contracted it died before infecting others. According to Mike Davis in *The Monster at Our Door* (2005), it had the potential to mutate into a highly dangerous strain and was a sign of a future viral apocalypse. In 2003 the arrival of SARS, a forerunner of the current coronavirus, which was traced to civets who had become infected from bats, was a further ominous sign of what henceforth became known as Emerging Infectious Diseases or EIDs (see Weir and Mykhalovskiy 2010). Fortunately in this case the symptoms appeared before high infectivity set in. Although only around 800 people died and the outbreak was contained before reaching the level of an epidemic, it sent a chilling signal of further dangers to come. It led to a sadly ignored WHO report, *A World at Risk*, published in 2019[12]. Then there was swine flu H1N1 in 2009, which was highly infectious but not lethal. Ebola, one of the most deadly diseases known to humans, reached an epidemic level in the Democratic Republic of the Congo in 2009, but fortunately was suppressed, though not eliminated.

11 See Zimmer (2015) for an account of new viruses. See also Quammen (2013), Waltner-Toews (2020), Washer (2010) and Wolfe (2011). An early account is Garrett (1995).

12 https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf?utm_source=mandiner&utm_medium=link&utm_campaign=mandiner_202004

Ebola has been explained as a result of deforestation and land clearance in western and central Africa, since the areas where the outbreaks occurred mapped on to the geography of deforestation. The deadly virus was spread from bats who had moved into urban areas as a result of deforestation (Snowden 2020: 479/80). Circa 11,000 deaths have occurred from Ebola in Africa. MERS in Saudi Arabia 2012 is a further reminder of a virus, in this case a coronavirus, that jumped from camels to humans. West Nile virus between 1999 and 2013 caused over 1500 deaths. Seasonal flu, which currently is the main example of a pandemic, kills about 250,000 people every year. In 1968 a severe pandemic killed 1 million and in 1957, 2 million. Despite the very high annual death toll, societies have fatalistically learnt to live with the common cold, which, perhaps because of its familiarity, does not present the same anxieties as other less common diseases.

The potential for bioterror can also not be excluded. Anthrax is a potentially dangerous source of bio-warfare. Martin Rees in his book *Our Final Century* considers bioterror more serious than nuclear threats (Rees 2003: 47–60). The potential for new viruses to be manufactured and for which there is no possibility of immunization is very great. The impact of even a small bioterror attack has the potential to disrupt social life on a global level. Related to this is the danger emanating from growing risks from laboratory errors and the unpredictable outcomes of high risk experiments. A flu outbreak in the USSR in 1977 was very probably the result of a laboratory strain that escaped. Then, there is the chilling prospect of bio-warfare through the reintroduction of smallpox in populations that now are no longer immunized against what was once one of the most deadly of all diseases. In the twentieth century some 300 million people died from it, roughly one in three of those infected. It is believed smallpox may have killed more people than any other disease in history.

The context to understand the Covid-19 pandemic is this background of new infectious diseases, together with the wider historical experience that we are always between epidemics. To look at the current pandemic in this light is to see it not only as a biological pathology of the body, but also as a social and political reality of contemporary societies. Social and political pathologies are as real as biological ones, but take different forms. Many of the responses to disease have revealed cultural pathologies, such as, for example, stigmatization, scapegoating, mass hysteria and conspiracy theories. Albert Camus' novel *The Plague* may have been a political allegory of the pathology of Nazism and fascism.

The Illusion of Control

It is indeed true that the total number of global fatalities from Covid-19 (at the time of writing in late September 2020, just over 1 million) is relatively low in historical comparison, even within western societies in the past one hundred years. However, the numbers are not insignificant. As widely noted, more people died in the USA from Covid-19 than in the Vietnam war (which claimed more than 58,000 US lives[13]); in the UK 43,000 people died in the German bombing during WW2. But the significance goes beyond the numbers themselves. Since the 1960s Europe and the wider western world was relatively free of epidemic infectious diseases. With the exception of seasonal flu, most dangerous infectious diseases, such as SARS, Avian flu or Ebola, were suppressed or confined within the locations in which they arose. Infectious diseases have largely occurred in the less developed world, where there are over 4 million deaths per year from acute respiratory infections (Harrison 2004: 191). The stark reality is that people die from infectious diseases in the developing world in very large numbers. Malaria, for example, claims more than 2 million lives. The current situation is a significant moment for the western world as it is forced to re-assess its self-understanding as relatively free of infectious diseases. In historical perspective, this period of circa 50 years is relatively short in terms of the history of disease. While the full implications of Covid-19 have yet to be seen, it is evident that it will have a significant negative impact in most western countries. The UK, already reeling from the as yet uncertain outcome of Brexit, will almost certainly face major economic decline as a result of the disastrous management of the Covid-19 crisis (see Horton 2020).

The objective epidemiological reality of Covid-19 is that the source of the disease, the coronavirus Sars-CoV-2, can only be supressed. In the absence of widespread immunisation, elimination is not possible. Even it elimination were possible, eradication will almost certainly not happen. As noted, with the exception of smallpox and polio, eradication is almost impossible once a virus comes into existence. This is especially so if the virus has a capacity to mutate, as appears to be case with the present coronavirus, which is likely to become endemic in human populations. Elimination will require immunization. In the absence of a vaccine, allowing 'herd immunity'[14] to take its natural course would almost certainly entail a very large number of fatalities. This means that suppression is the only viable response. But there are limits to the instruments that can be

13 This was of course a fraction of Vietnamese deaths.

14 This is best termed population or community immunity.

used, which mostly revolve around different kinds of lockdown and social distancing on the one hand, and early testing, tracking of contacts and isolation of those affected on the other. Claus Offe's chapter in this volume provides a detailed and rich analysis of the full complexity of the challenges for policy–making arising from the different groups the pandemic has created and from the epistemic consequences of knowledge being essentially based on uncertain assumptions. If a vaccine is finally found, it is very likely it will not be a once in a lifetime shot, but more like the seasonal flu jab with all the uncertainties that go with that. The prospect thus facing the world, including the most technologically advanced societies, is that for the first time almost every country faces the reality of having to live with the Covid-19 virus and with a high level of fatalities and infections. It is worth bearing in mind that it took over forty years for a vaccine for poliomyelitis and measles to be developed and there is, as yet, no vaccine for HIV.

With elimination a long way ahead and eradication almost certainly not possible, suppression is the only possible course of action for states and international organizations. But what lengths can governments go to in order to flatten the curve? How much militarization can democracies tolerate to achieve a collective goal? The medieval and early modern states that first practised quarantine were very different kinds of societies from the complex ones of today, which are not so easily marshalled and have, as Daniel Innerarity shows in this volume, more complex forms of decision-making. Even dictatorships – which appear to be more successful in imposing lockdowns – do not have recourse to summary hanging for those who break the rules, as was often the case in earlier times. It is clear that as a recent volume shows, quarantine, which derives from *quaranta* (forty days) and has deep religious significance, has many meanings in western history (Bashford 2016). Quarantine along with fumigation and disinfection, was once an expression of state power and linked to the surveillance of populations, but was also a mechanism for the purification and disciplining of the political body. There were many debates for and against quarantine in the nineteenth century when there was a fear of rebellion by those quarantined. The famous account of quarantine depicted by Foucault in *Discipline and Punish* in 1975 neglects the alternative history of rebellion (Foucault 1977: 195–200). Many quarantine and policing measures were simply unsuccessful and were abandoned for fear of stirring social discontent (Evans 1992: 166). In fact, disease control, such as sanitary reform, was judged to be more useful for political stability than repressive methods. Quarantine appeared to be a relic of the past until new diseases – SARS in 2003, avian flu in 2009 and Ebola in Africa in 2014 – led to its return. But it was not until March 2020 that it became a new global experience. And for how long? The basic problem of quarantine remains that it

based on the detection of symptoms. As many states today experiment with new kinds of quarantine, which require complex digital technology, the old questions return about its viability and effectiveness in the long run.[15]

If the historical experience was that the control of infectious diseases aided the rise of the democratic state – the elimination of cholera during the cold war was explicitly linked to the advancement of democracy – today it would appear to be an indication of the weakness of the state and a potential threat to democracy. Democracy requires time for deliberation, but pandemics and other catastrophes require rapid action that can produce long-term unanticipated consequences (see also Wagner 2020). Political-decision making in democracies, as Daniel Innerarity argues in this volume, is not well designed to deal with pandemics and other emergencies. Emergency governance is a major challenge for democracy, as also noted by both Stephen Turner and Jonathan White in their chapters in this volume. Experts take the place of elected representatives, but very often they fail as much as the politicians. As Roger Koppl writes: "There is always a brisk demand for magical predictions of the unpredictable. Expert failure is likely in the market for impossible ideas even under more or less competitive conditions" (see Koppl 2018; see also Eyal 2010; White 2019). But many experts do not work under such conditions, since they are protected by nefarious governments anxious to hide behind them. Despite the often erratic and incompetent mismanagement of the Covid-19 pandemic and the tendency towards technocracy, the democratic constitutional state, along with international organizations, is still the best equipped to deal with the problems that deadly diseases present. Security is a key function of the state. There is wide recognition today that a broader definition of security is needed than national security. Without a strong state with strong social institutions, vulnerable societies will suffer and social inequalities will worsen (see Horton 2020). Sylvia Walby in her chapter in this volume draws attention to the continued importance of one of the most important legacies of social democracy, namely health care provision for all. Clearly one of the lessons of the present pandemic is that greater foresight will be needed for likely future pandemics.

15 In many ways the current situation is a repeat of the cholera epidemic in Hamburg at the end of the nineteenth century (see Evans 2006). All the problems of official statistics and expertise were there for cholera as well. My thanks to Stephen Turner for this observation.

The Shock of the Lockdown

Foucault's path-breaking analysis of a seventeenth-century pandemic in *Discipline and Punish* in 1975 has suddenly become a focus for critical analysis of the current situation, in view of the fact that many countries have been through strict lockdowns following declarations of emergency (Foucault 1977: 195 – 200). Recent contributions by prominent philosophers such as Gorgio Agamben and Slavoj Žižek have sparked debate on some of the political implications of the crisis. While Agamben has highlighted the spectre of a permanent state of exception – the topic of his famous book (Agamben 2005) – and a new authoritarian regime of biopolitical securitization taking shape[16], others such as Žižek (2020) see new political possibilities for a post-pandemic world. While Agamben has surely exaggerated the political dangers and the potential threat to democracy, Žižek may be over-optimistic that a new and more benevolent society might be created. The burden always falls on the poor.[17]

However, there are other perspectives that need to be brought into the picture beyond what are often somewhat exaggerated prognoses and apocalyptical vistas of a permanent state of emergency. Claus Offe in this volume argues that at least in liberal democracies the health crisis remains a health crisis and is not spilling over into a major political crisis in that has not led to major juridical transformations. The middle class, who have the luxury of working at home, do not appear to be worried about democracy in duress. Indeed, some of the most severe lockdowns, as in Spain, were imposed by left-wing governments, while right-wing governments have generally tried to resist the temptations of strict lockdowns. The British government delayed while taking advantage of the opportunity to pass legislation giving excessive powers to government. The Spanish government declared in June 2020 the entry to a 'New Normality'. There is also clearly no uniform political response to the pandemic.

The pandemic raises fundamental philosophical questions concerning the political and ethical responsibility of the state and of the boundary between life and death. As emergency governance becomes the new normal, the implications for democracy and liberty need to be addressed for future emergencies, which might follow from any future, and possibly more severe, pandemic. What is the legitimate moral foundation for extreme and unprecedented measures? To what extent does the right to life have an overriding importance

16 https://bookhaven.stanford.edu/2020/03/giorgio-agamben-on-coronavirus-the-enemy-is-not-outside-it-is-within-us/

17 For a further account of the pandemic and political philosophy, see Delanty (2020).

over other human rights?[18] And what kind of life is worth living without dignity? Lockdowns may save some lives, but what about the indirect lives lost? As discussed by Sonja Avlijaš in this volume, the pandemic reveals multiple kinds of inequalities, which intersect in complex ways both within and across societies. It has also been accompanied by an extraordinary digitalization of public space as well as the digital transformation of work and higher education. The significance of the pandemic in hastening the digitalization of contemporary societies is discussed in this volume by Helga Nowotny, who sees Covid-19 as the disease of the digital age in the way cholera was the disease of the industrial age. She makes the important point that big data and AI are now entrenched in contemporary societies. The pandemic has accelerated digitalisation, which will not be reversed.

The historical experience is that major pandemics often led to progressive change. For instance, the 1918 flu led to the creation of national health care systems. The Black Death, which reduced the supply of labour, led to improved conditions for workers, at least in Europe. It is therefore not impossible that out of the current crisis will come some improvements in public policy and a more humanized kind of capitalism than the current precarity that predominates. But such gains took decades if not centuries and pandemics have been unredeemable catastrophes for indigenous populations throughout history. Yet, it is clear that a major pandemic can be a defining moment for many societies, if not for the world. Cholera defined the nineteenth century. AIDS defined a generation. So it is not improbable that the current pandemic may be a defining moment for our time. It may usher in a more social and ecological kind of capitalism and a fundamental transformation in the nature of work and health care; but it may also lead to the undermining of democracy and liberty. The latter has been the focus of right-wing 'anti-lockdown' groups, but – as discussed in this book – there are also opportunities for the radicalization of democracy through the empowering of civil society, as discussed by Donatella della Porta and Albena Azmanova in this volume. Azmanova thus sees the crisis brought about by the pandemic as yet another 'battleground of justice', in this case the fight against massive precarity.

A pandemic virus divides people through self-isolation and lockdowns. Social relations mediated by masks, social distancing and self-isolation is not a basis for progressive social change. Fear of contagion leads to fear of the Other. For now, with the medicalization of nationalism, whether in the search

18 See the debate between Jürgen Habermas and Klaus Günther. https://www.zeit.de/2020/20/grundrechte-lebensschutz-freiheit-juergen-habermas-klaus-guenther

for a vaccine or in quarantine, a politics of closure would appear to dominate. All the evidence seems to suggest that the pandemic does not mark the transition to a new era but confirms and solidifies changes that have already occurred, such as the digitalization of work and existing patterns of social reproduction. This is also one of the conclusions of Sonja Avlijaš's chapter. She argues that the pandemic accelerates trends already underway. The pandemic probably does not therefore mark the point of transition to a new era. However, as Syliva Walby also argues in her chapter, there is not just one turning point or a single crisis, but several crises which cascade through intensified conflicts in different domains.

A Metaphor of a Flawed World

As always, disease is seen both as coming from outside the homeland and as a form of stigmatisation, as in the banishment of those inflected with leprosy in medieval times. Since the arrival of syphilis in Europe, probably one of the few infectious diseases that came from the Americas in the wake of the Spanish conquest, disease was seen as coming from the Other and defines the Self as free of disease. Thus, the 1918 flu virus, which probably originated in Kansas was called by the French the 'Spanish flu'. Cholera, which arrived in Europe in the 1830s, epitomised European views of the Orient. Earlier, the Black Death in Europe was used to stigmatise Jews. AIDS, SARS and Ebola were associated with the Other. As Susan Sontag wrote in her influential 1978 essay, *Disease as a Metaphor*, disease is encumbered by the trappings of metaphor. However, she was writing of a time when the causes of diseases were not fully understood (Sontag 2002). Today, we know a lot more about the causes of infectious diseases, which have to come from somewhere and must simply be either a virus or a bacteria as opposed to something mystical from a decadent far-off land. But knowledge does not always bring about enlightenment, as is evident from the spread of post-truth politics, conspiracy theories, and alternative epistemologies, such as the belief widespread in the UK that G5 networks spread the coronavirus. There is also fear. As Sontag pointed out, while cholera killed far fewer people in Europe than smallpox and tuberculosis, it was more feared. This was not entirely due to its association with Asia. Perhaps, it was because smallpox was regarded as normal and was endemic to Europe in the nineteenth century and death did not come with the suddenness that it did with cholera. Similarly, polio, despite its debilitating nature, did not bring about the same degree of horror and fear that cholera did.

In a world when death has become very much invisible – and the belief that longevity is normal – the spectre of large numbers of deaths caused by Covid-19 has produced a certain shock. However, it is doubtful that Covid-19 has produced anything like the sense of horror that accompanied diseases in the recent past. According to Sontag, the most terrifying diseases are those that are dehumanizing and sudden. Covid-19 came with the sudden shock of the new. It remains to be seen if contemporary societies learn to live with it in the way they learnt to live with HIV, which of course by its nature is less infectious than an airborne virus. But the sense of a cultural apocalypse is always present when a major new pandemic arrives regardless of the numbers of infections and fatalities. Ebola had such an effect. Perhaps more relevant is the question of dehumanization and human dignity. In view of the large numbers of Covid-19 deaths in care homes and among vulnerable people this is an important issue that has been ignored by government lockdowns. In this context a relevant question is: exactly who is being protected?

The Covid-19 pandemic reveals a great deal about the nature of contemporary societies. As the chapters in this volume show, epidemiological issues and sociological problems are elucidated in many ways around the themes of power, politics, security, suffering, equality and justice. The pandemic has become a metaphor of a flawed world. But, with Susan Sontag in mind, one must not forget that it is also a disease and one that has had a global scale. So far the reaction to it has been predominantly national and technocratic. One of the challenges for the future will surely be to resist the re-nationalization of politics and to find more cosmopolitical solutions and at the same time to design health care systems suitable for future pandemics that are almost certain to come. This is also with a view to the wider context of the Anthropocene, as discussed by Eva Horn in this volume, since the pandemic plays out against the backdrop of catastrophic climate change. While there is not a direct causal relationship established between disease and climate change, it is highly likely there will be more pandemics leading to endemic diseases. It is an inevitable consequence of increased global connections, population increase and the insatiable desire for destructive forms of consumption, which all unsettle the balance between host and parasite.

References

Agamben, G. (2005) *State of Exception*, Chicago: Chicago University Press.
Aries, P. (1974) *Western Attitudes Towards Death from the Middle Ages to the Present*, Baltimore: John Hopkins University Press.

Aries, P. (1991) *Hour of Our Death*, New York: Random House.
Baldwin, P. (2005) *Disease and Democracy: The Industrial World Faces AIDS*, Berkeley: University of California Press.
Barry, J. (2020) *The Great Influenza: The Story of the Deadliest Pandemic in History*. London: Penguin.
Bashford, A. (ed.) (2016) *Quarantine: Local and Global Histories*, London: Palgrave.
Bashford, A. and Hooker, C. (eds) (2014) *Contagion: Historical and Cultural Studies*, London: Routledge.
Beck, U. (1992. [1986]) *The Risk Society*, London: Sage.
Blackie, P., Cannon, T., Davis, I, and Wisner, B. (1994) *At Risk: Natural Hazards, People's Vulnerability, and Disaster,* London: Routledge.
Davis, M. (2005) *The Monster at our Door: The Global Threat of Avian Flu*, New York: The New Press.
Delanty, G. (2020) Six Political Philosophies in Search of a Virus: Critical Perspectives on the Coronavirus Pandemic, *LEQS* Paper No. 156, May 2020 http://www.lse.ac.uk/european-institute/Assets/Documents/LEQS-Discussion-Papers/LEQSPaper156.pdf
Dingwall, R., Hoffman, L. and Staniland, K. (eds) (2013) *Pandemics and Emerging Infectious Diseases: The Sociological Agenda*, Oxford: Wily-Blackwell.
Diamond, J. (1998) *Guns, Germs and Steel*, London: Vintage.
Elliott, A. and Hsu, E. (eds) (2016) *The Consequences of Global Disasters*, London: Routledge.
Esposito, E. (2011 [2002]) *Immunitas: The Protection and Negation of Life*, Cambridge: Polity Press.
Evans, R. (1992) Epidemics and Revolutions: Cholera in the Nineteenth-Century Europe. In: Ranger, T. and Slack, P. (eds). *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, Cambridge: Cambridge University Press.
Evans, R. (2006) *Death on Hamburg: Society and Politics in the Cholera Years, 1830–1910*, London: Penguin.
Eyal, G. (2010) *The Crisis of Expertise*, Cambridge: Polity Press.
Fassin, D. (2018) *Life*, Cambridge: Polity Press.
Foucault, M. (1977 [1975]) *Discipline and Punish: The Birth of the Prison*, London: Penguin Books.
Garrett, L. (1995) The Coming Plague: Newly Emerging Diseases in a World Out of Control. London: Penguin.
Hays, J. N. (2009) *The Burden of Disease: Epidemics and Human Response in Western History*, New Brunswick, NJ: Rutgers University Press.
Harrison, M. (2004) *Disease and the Modern World*, Cambridge: Polity Press.
Harrison, M. (2014) *Contagion: How Commerce has Spread Disease*, New Haven: Yale University Press.
Horton, R. (2020) *The Covid-19 Catastrophe*, Cambridge: Polity Press.
Honigsbaum, M. (2020) Revised edition. *The Pandemic Century: A History of Global Contagion from the Spanish Flu to Covid-19,* London: WH Allen.
Jones, L. (2018) *The Big Ones: How Natural Disasters have Shaped Us*. London: Icon.
Latour, B. (1993) *We Have Never been Modern*, Cambridge, MASS.: Harvard University Press.
Latour, B. (2017) *Facing Gaia: Eight Lectures on the New Climatic Regime*. Cambridge: Polity Press.
Koppl, R. (2018) *Expert Failure*, Cambridge: Cambridge University Press.

Lévy, B-H. (2020) *The Virus in the Age of Madness*, New Haven: Yale University Press.
McMillen, C. (2016) *Pandemics: A Very Short Introduction*, Oxford: Oxford University Press.
McNeill, W. H. (1998 [1976]) *Plagues and Peoples*, New York: Anchor Books.
Morse, S. (ed.) (1993) *Emerging Viruses*. Oxford: Oxford University Press.
Nancy, J-L. (2015) *After Fukushima: The Equivalence of Catastrophes*, Oxford: Oxford University Press.
Oldstone, M. (2010) *Viruses, Plagues, and History*, Oxford: Oxford University Press.
Opitz, S. (2017) Simulating the World: The digital enactment of pandemics as a mode of global self-observation. *European Journal of Social Theory* 20 (3): 392–416.
Price-Smith, A. (2008) *Contagion and Chaos: Disease, Ecology, and National Security in the Era of Globalization*, Cambridge, MASS.: MIT.
Quammen, D. (2013) *Spillover: Animal Inflections and the Next Human Pandemic*. London: Vintage.
Ranger, T. and Slack, P. (eds). (1992) *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, Cambridge: Cambridge University Press.
Rees, M. (2003) *Our Final Century*, London: Arrow Books.
Rosenberg, C. (1989) What is an Epidemic? AIDS in Historical Perspective. *Daedalus* Spring, 144: 1–17.
Snowden, F. (2020) *Epidemics and Society: From the Black Death to the Present*, New Haven: Yale University Press.
Sontag, S. (2002 [1978]) *Illness and a Metaphor and Aids and its Metaphors*, London: Penguin.
Spinney, L. (2018) *Pale Rider: The Spanish Flu of 1918 and How it Changed the World*, London: Vintage.
Tierney, K. (2019) *Disasters: A Sociological Approach*. Cambridge: Polity Press.
Wagner, P. (2020) Knowing How Well to Act in Time, Journal of Bioethical Inquiry.
Wald, P. 2008. *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Durham: Duke University Press.
Waltner-Toews, D. (2020) *On Pandemics: Deadly Disease from Bubonic Plague to Coronavirus*, Vancouver: Greystone.
Washer, P. (2010) *Emerging Infectious Diseases and Society*. London: Palgrave.
Weir, L. and Mykhalovskiy, E. (2010) *Global Public Health Vigilance: Creating a World on Alert*, London: Routledge.
White, J. (2020) Politics of the Last Resort: Governing by Emergency in the EU, Cambridge: Cambridge University Press.
Wolfe, N. (2011) The Viral Storm: The Dawn of a New Pandemic Age, London: Penguin.
Zimmer, C. (2015) 2nd edition. *A Planet of Viruses*, Chicago: University of Chicago Press.
Žižek, S. (2020) *Pandemic! Covid-19 Shakes the World, Cambridge: Polity Press.*