

GenEd 1092
American Society and Public Policy

Covid-19: From History to Policy

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October 21, 2020



United States › On Oct. 20 14-day change Trend

New cases 60,590 +36% →

New deaths 929 +7% →

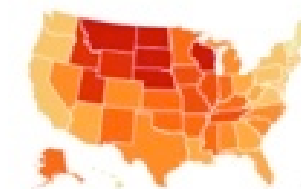
Where cases are highest per capita

↗ N.D. ↗ S.D. ↗ Mont.

↗ Wis. ↗ Neb. ↗ Idaho

↗ Utah ↗ Wyo. ↗ Iowa

U.S. hot spots ›

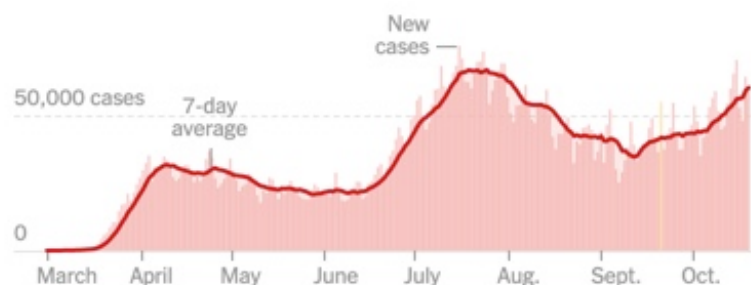


Worldwide ›



By The New York Times Updated October 21, 2020, 9:08 A.M. E.T.

Leer en español

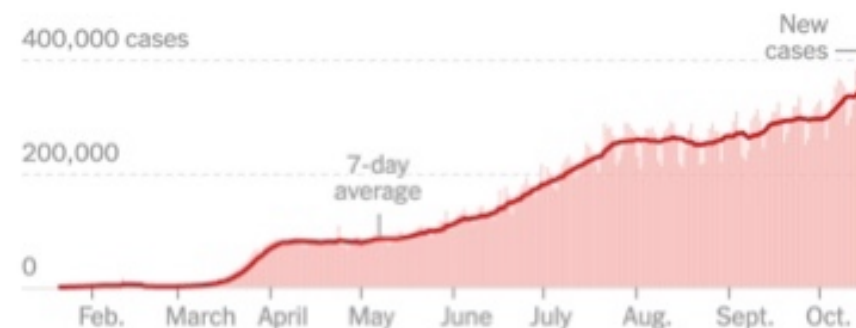


	TOTAL REPORTED	ON OCT. 20	14-DAY CHANGE
Cases	8.3 million+	60,598	+36% →
Deaths	220,987	929	+7% →

Day with data reporting anomaly.

Includes confirmed and probable cases where available. 14-day change trends use 7-day averages.

By The New York Times Updated October 21, 2020, 9:08 A.M. E.T.



	TOTAL REPORTED	ON OCT. 20	14-DAY CHANGE
Cases	40.8 million+	384,890	+23% →
Deaths	1.1 million+	6,561	-7% →

Includes confirmed and probable cases where available. 14-day change trends use 7-day averages.

Covid-19/Coronavirus cases
21.01.2020



Total number of reported cases
282

Data source: WHO Coronavirus disease (COVID-2019) situation reports (2020)

Here's how countries scored in terms of health security:

Countries with a population of over 5 million



CHART OF



THE WEEK

Ranking Global Pandemic Preparedness

This pre-COVID-19 report found that no country was truly prepared to manage a pandemic

The Global Health Security Index measures the state of health security around the world. The index is composed of 6 categories:



PREVENTION

Prevention of the emergence or release of pathogens



DETECTION AND REPORTING

Early detection and reporting for epidemics of potential international concern



RAPID RESPONSE

Rapid response to and mitigation of the spread of an epidemic



HEALTH SYSTEM

Robust health system to treat the sick and protect health workers



COMPLIANCE WITH GLOBAL NORMS

Commitments to improving national capacity, financing plans, and adhering to global norms



RISK ENVIRONMENT

Overall risk environment and country vulnerability to biological threats

Historians and Covid-19

What can epidemics of the past tell us about the current crisis?

The search for epidemic/pandemic analogs?

Plague	1347-51	200M deaths?
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	1664-67	
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Influenza	1918-20	50M deaths? 700k US?
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The problem with analogs; measuring impacts; the problem with the "sizing" epidemics?

How do epidemics end?

TB?

HIV?

Opioid overdose epidemic?

Syndemics? co-occurring epidemics



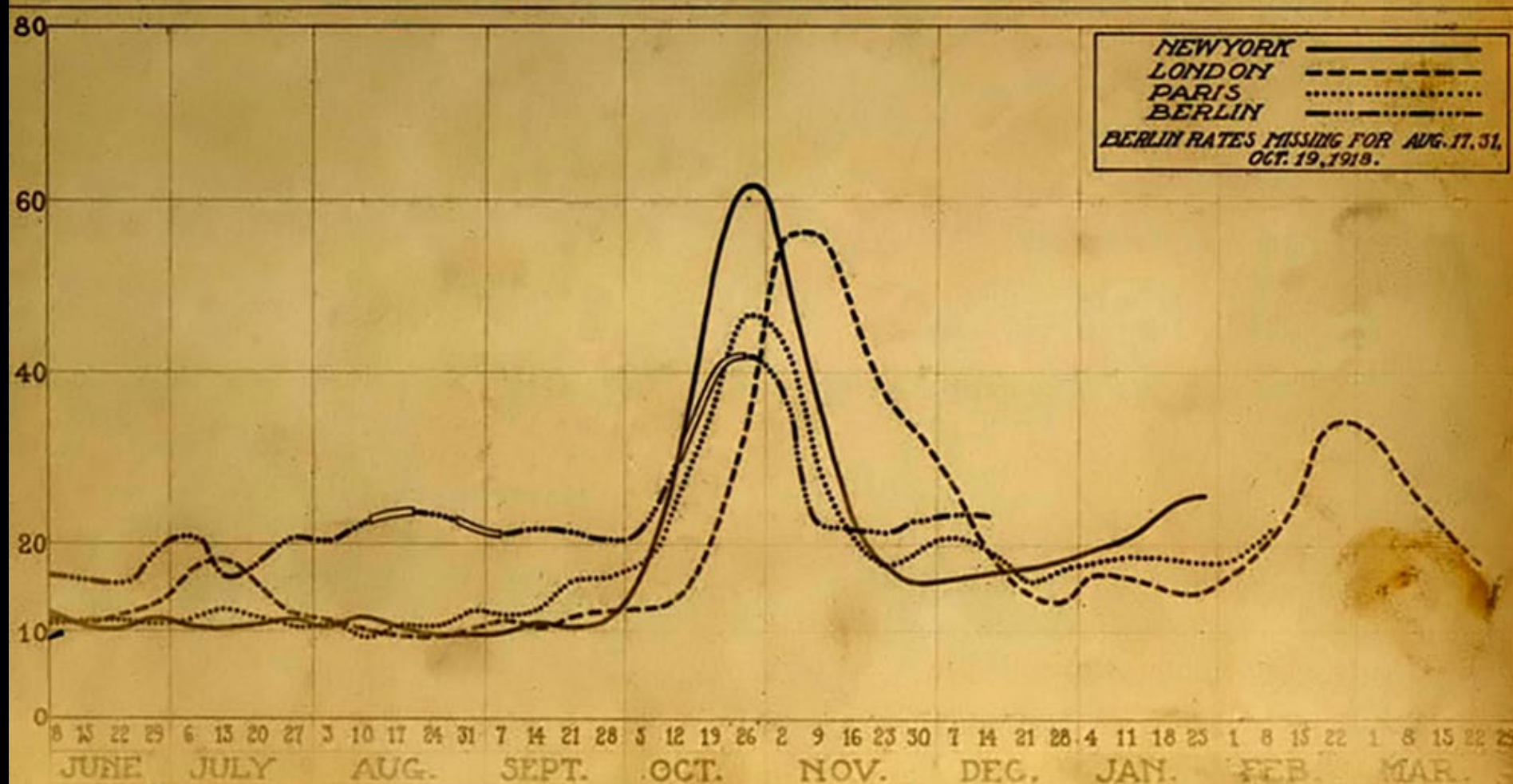
In 1918, barriers were erected around soldiers' beds at a naval station in San Francisco to slow the spread of flu.
U.S. NAVAL HISTORY AND HERITAGE COMMAND PHOTOGRAPH

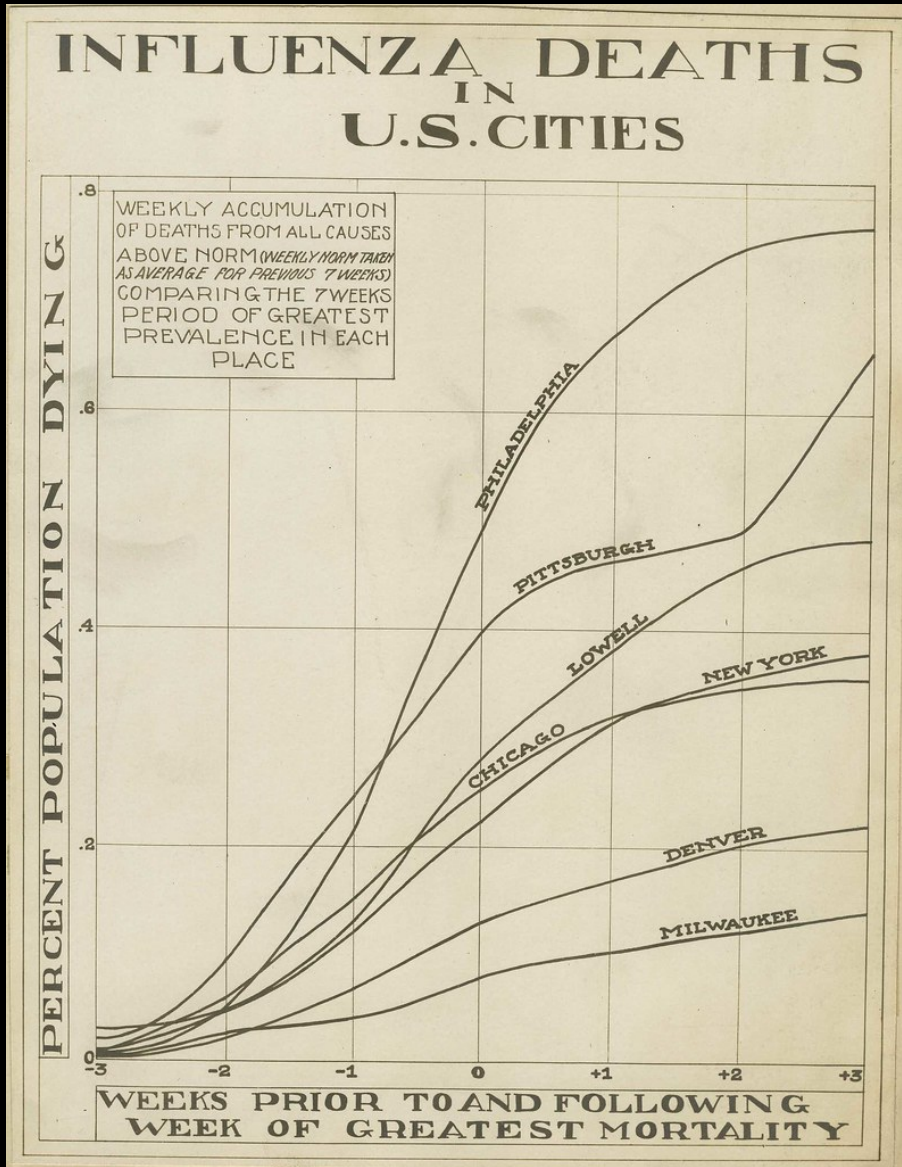
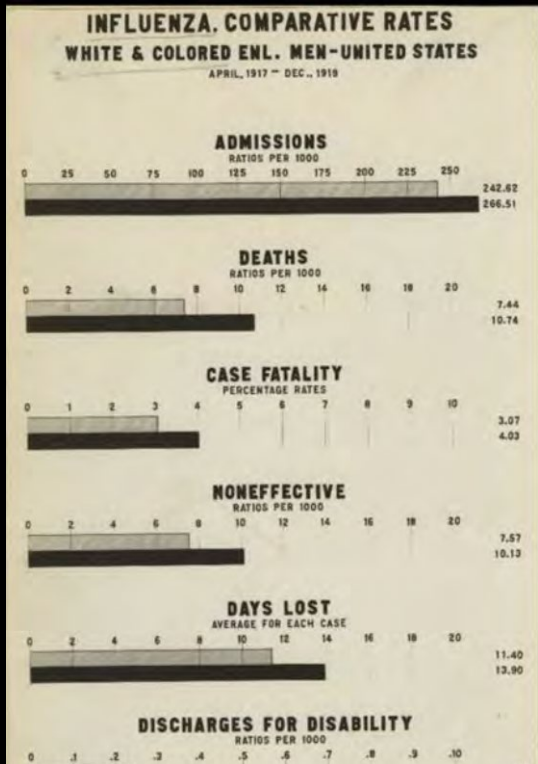
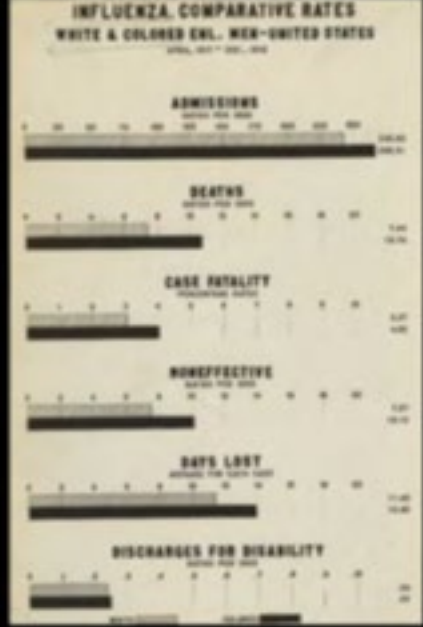


INFLUENZA PANDEMIC

MORTALITY IN AMERICA AND EUROPE DURING 1918 AND 1919

DEATHS FROM ALL CAUSES EACH WEEK
EXPRESSED AS AN ANNUAL RATE PER 1000



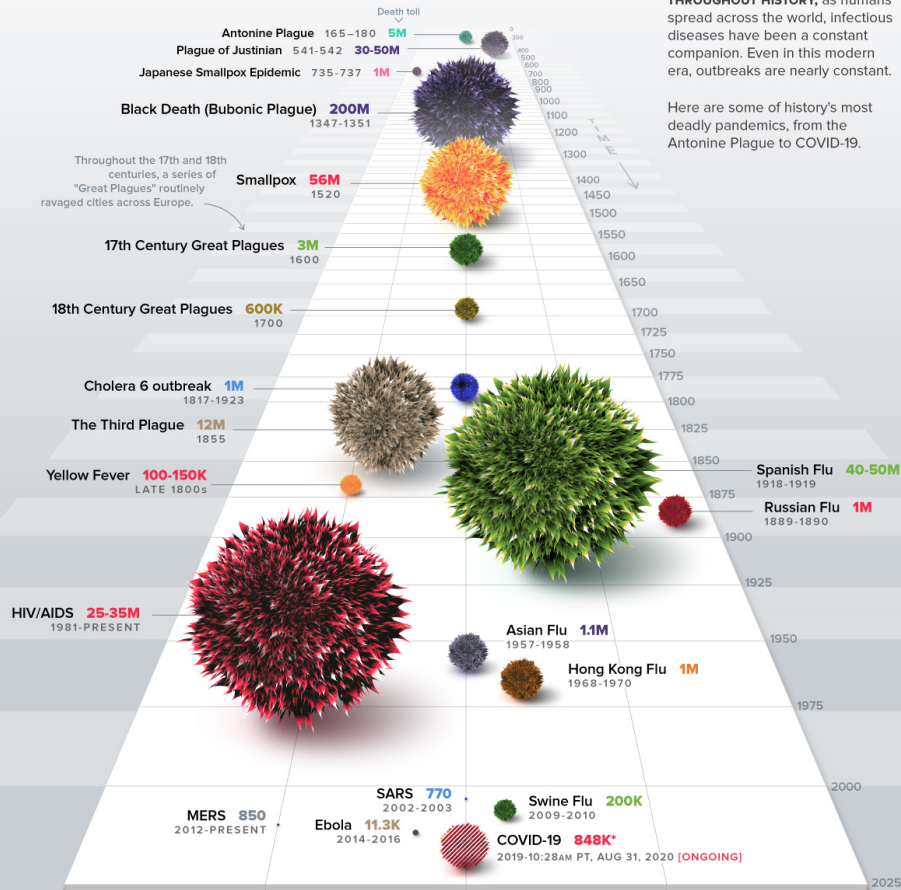


HISTORY OF PANDEMICS

PAN-DEM-IC (of a disease) prevalent over a whole country or the world.

THROUGHOUT HISTORY, as humans spread across the world, infectious diseases have been a constant companion. Even in this modern era, outbreaks are nearly constant.

Here are some of history's most deadly pandemics, from the Antonine Plague to COVID-19.



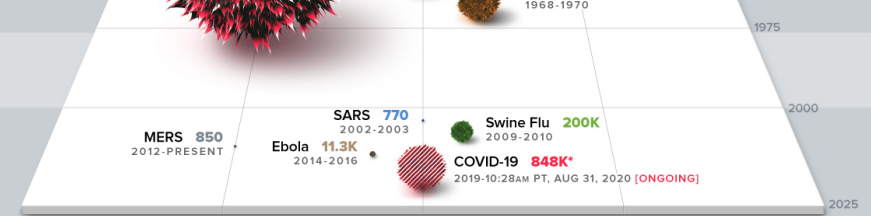
WHO officially declared COVID-19 a pandemic on Mar 11, 2020.

It is hard to calculate and forecast the impact of COVID-19 because the disease is new to medicine, and data is still coming in.

*Johns Hopkins University estimates

DEATH TOLL
[HIGHEST TO LOWEST]

200M
Black Death (Bubonic Plague)
1347-1351

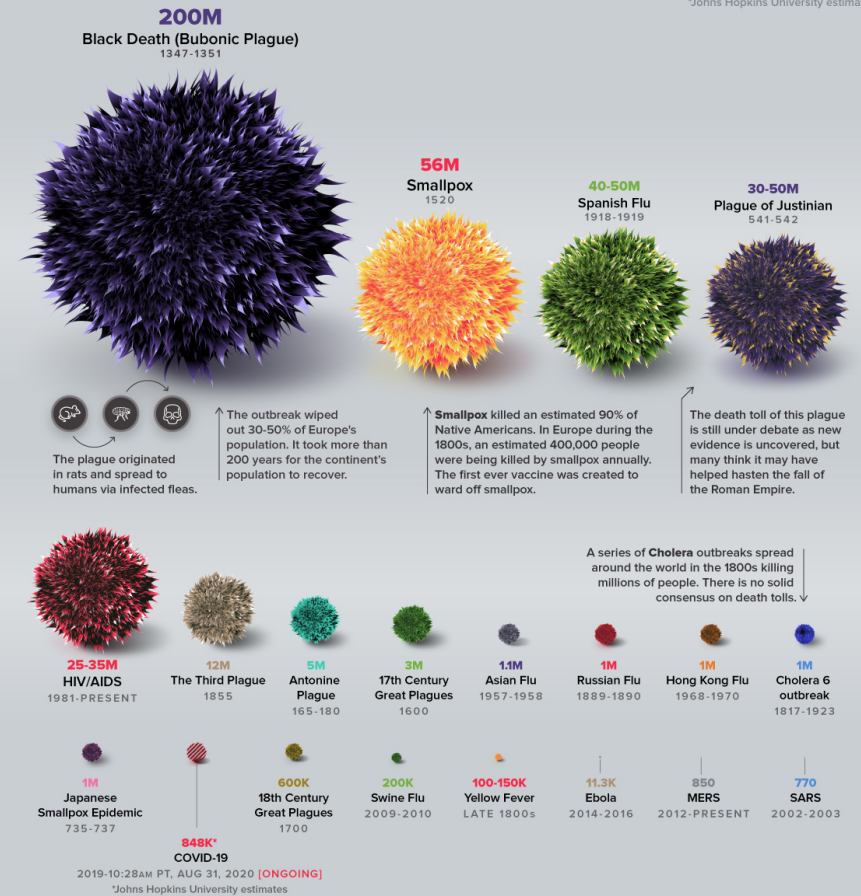


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DEATH TOLL
[HIGHEST TO LOWEST]



Sources:
CDC, WHO, BBC,
Wikipedia,
Historical records,
Encyclopedia Britannica
Johns Hopkins University

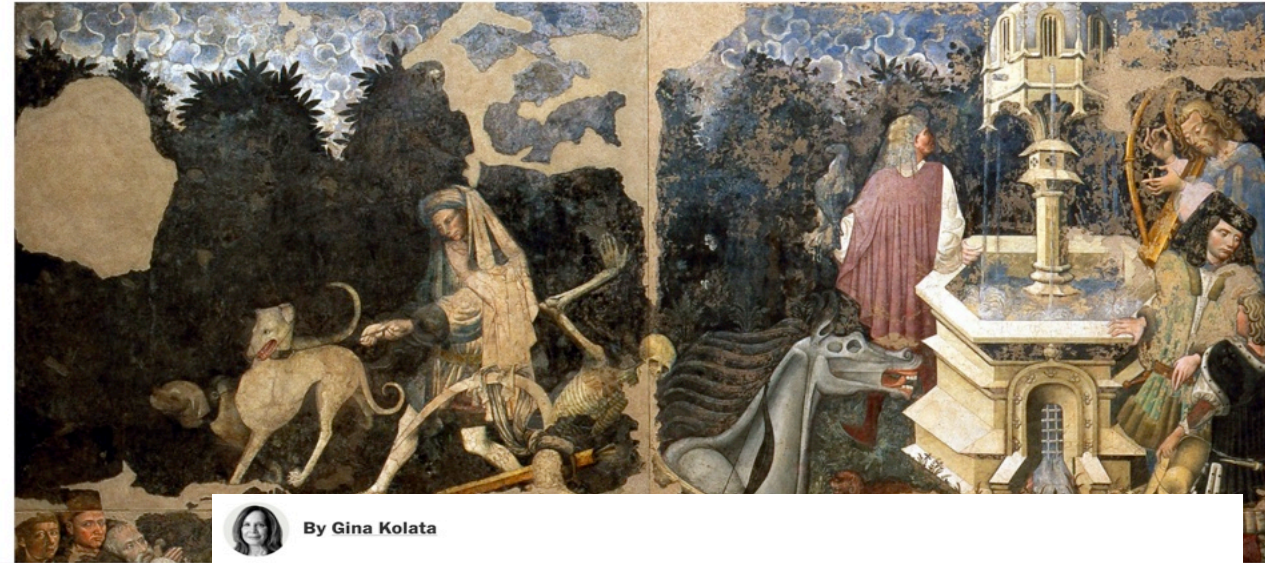
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How “big” will Covid-19 be?
How do pandemics end?

How Pandemics End

An infectious outbreak can conclude in more ways than one, historians say. But for whom does it end, and who gets to decide?



By Gina Kolata

Published May 10, 2020 Updated May 14, 2020



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When will the Covid-19 pandemic end? And how?

According to historians, pandemics typically have two types of

What does social history and social medicine tell us about pandemics? What is the policy relevance of investigating these questions?

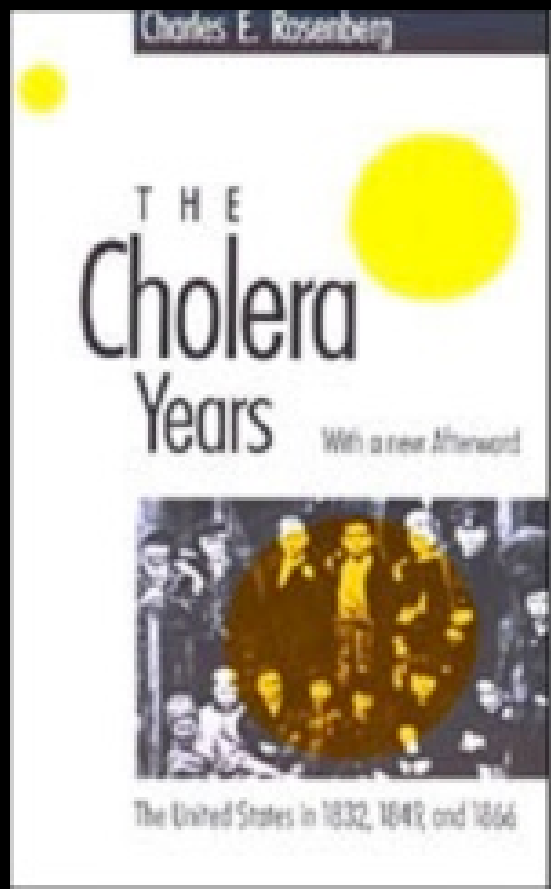
What is social medicine?

social determinants of disease

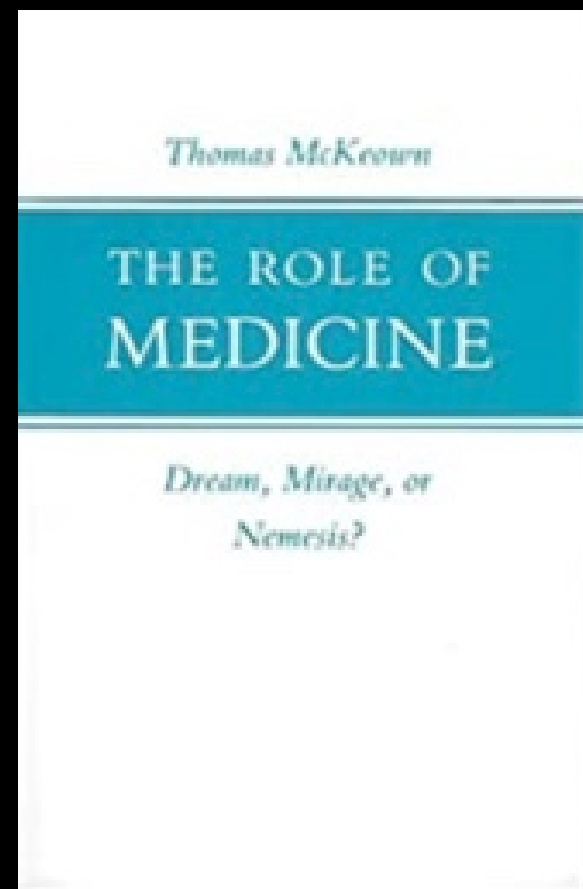
social meanings of disease/experience

social responses to disease

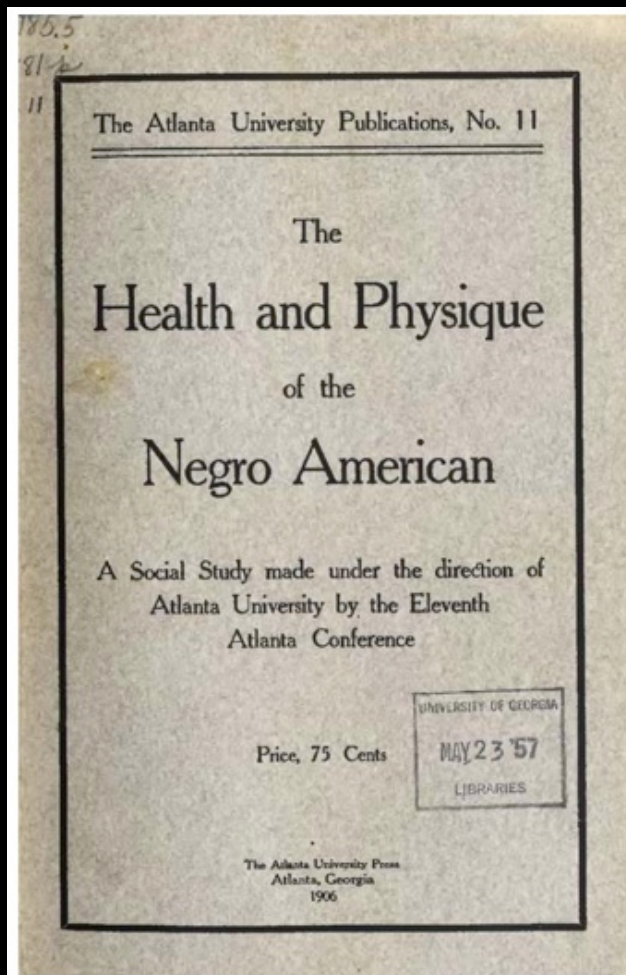
The new social history of medicine and public health



1962

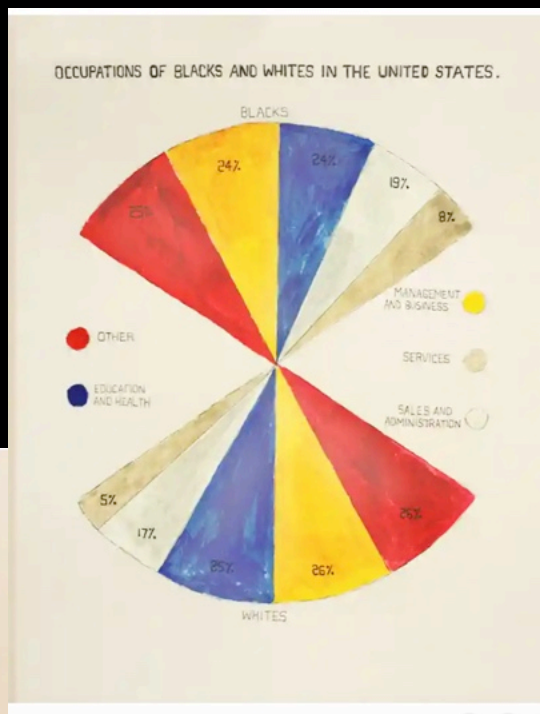
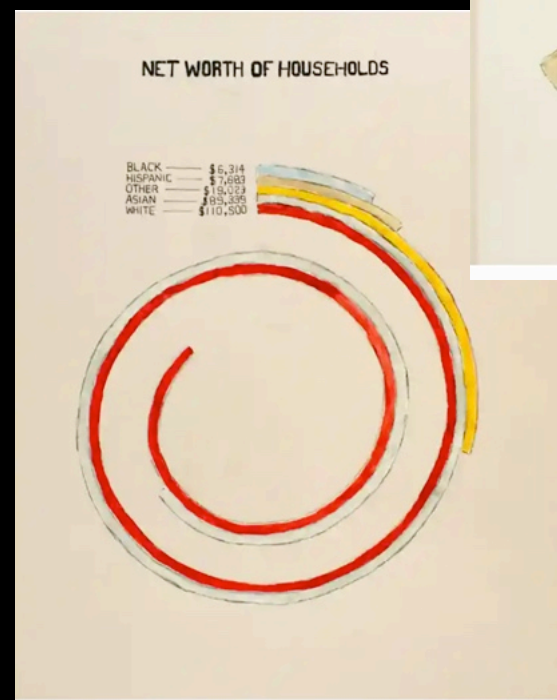


1976

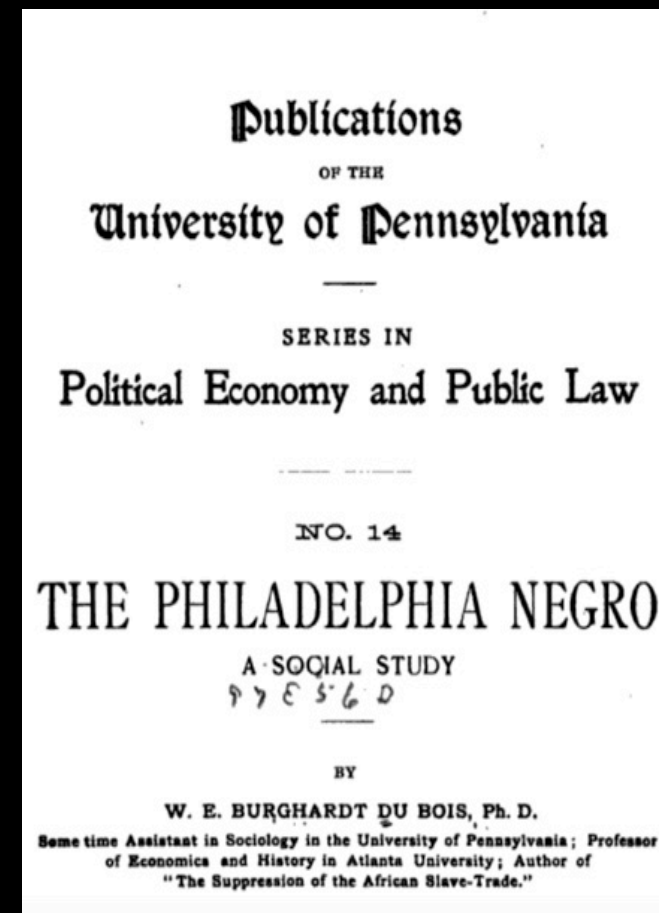


1906

W.E.B. DuBois



1900



1889

How do historians think about the nature and meaning of epidemic disease?

Disease "lays bare" social relationships; institutions; politics; culture.

disease as a "natural experiment"

disease as a "sampling device"

disease as a "stress test"

The problem of context and contingency

Rosenberg, *The Cholera Years: The United States in 1832, 1849, 1866*

Differential vulnerability

Responsibility for disease/risks

Structural and systemic vulnerabilities

Race, racism, poverty

Morbidity and mortality track social inequality

Structural issues: health differentials, health disparities

The Tuskegee Syphilis Study (1932-72)

What was in the archives?

What was in the literature?

What were the misunderstandings in the narrative?

What is the legacy; the residuum?

Some time ago you were given a thorough examination and since that time we hope you have gotten a great deal of treatment for bad blood. You will now be given your last chance to get a second examination. This examination is a very special one and after it is finished you will be given a special treatment if it is believed you are in a condition to stand it. . . .

REMEMBER THIS IS YOUR LAST CHANCE FOR SPECIAL FREE TREATMENT. BE SURE TO MEET THE NURSE.⁴⁹

⁴⁹Macon County Health Department, "Letter to Subjects," n.d., NA-WNRC.

They come for treatment at the beginning and at the end. When there are visible manifestations or when harried by pain, they readily come, for as a race they are not averse to physic; but tell them not, though they look well and feel well, that they are still diseased. Here ignorance rates science a fool. . . .¹⁴

So the scourge sweeps among them. Those that are treated are only half cured, and the effort to assimilate a complex civilization driving their diseased minds until the results are criminal records. Perhaps here, in conjunction with tuberculosis, will be the end of the negro problem. Disease will accomplish what man cannot do.¹⁷

¹⁴Thomas W. Murrell, "Syphilis in the Negro: Its Bearing on the Race Problem," *American Journal of Dermatology and Genito-Urinary Diseases* 10 (August 1906), 307.

We have not yet commenced the spinal punctures. This operation will be deferred to the last in order not to unduly disturb our field work by any adverse reports by the patients subjected to spinal puncture because of some disagreeable sensations following this procedure. These negroes are very ignorant and easily influenced by things that would be of minor significance in a more intelligent group.⁴⁸

⁴⁸Clark to Moore, March 25, 1933, NA-WNRC.

I don't see why they should be shocked or horrified. There was no racial side to this. It just happened to be in a black community. I feel this was a perfectly straightforward study, perfectly ethical, with controls. Part of our mission as physicians is to find out what happens to individuals with disease and without disease.⁸⁷

⁸⁷Heller to Vonderlehr, November 28, 1933, NA-WNRC; quoted in *Medical Tribune* (August 23, 1972), p. 14.

Allan M. Brandt. 1978. Racism and research: The case of the Tuskegee Syphilis study. *The Hastings Center Report* 8(6): 21-29.

<http://www.jstor.org/stable/3561468>

Biomedicine and the biomedical model

Biosocial

Biocultural

Biopolitical

Biopower

the historical contingency of visibility/invisibility

disciplines which make visible social characteristics and practices that have been routinized and made invisible within the status quo and prevailing hierarchies.

social advocacy

social activism

social justice

social medicine centers attention on the structural and systemic character of disparities and inequalities in health

health disparities

race/racism

gender/identity

income/wealth/structural violence

relationship of forms of inequality and injustice

What are the implications of this approach for Covid-19?

Context?

Contingency?

Explanatory frameworks?

Framing Covid-19

Characteristics of pandemics; fear, stigma, blame, anxiety, suffering, risks, economic conflict; politicization, misinformation, conspiracy theories; economic conflict; cultural conflict

Infrastructure: staff, stuff, space, and systems

Meaning centered approaches; social construction/language; materiality

Preparedness and pandemics?

Syndemics and biomedicine?

Racism and disease? Poverty, housing, nutrition.

Pre-existing conditions?

Universal access to quality care?

limits of the biomedical model; biomedical paradigm

the problem of syndemicity and biomedicine

the public health/biomedicine dichotomy

The future of Covid-19?

Responding to a crisis; immediacy; urgency

Structural preparedness

“Once in a hundred years”