**Not Learning from History. Learning from COVID-19**

D.R. Curtis and B. van Besouw, Erasmus University Rotterdam

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As COVID-19 continues to cause further suffering across the world, historians have suddenly been in demand. Opinion pieces are piling up day after day, and every historian – regardless of whether they work on epidemic disease or not – has a view. What lessons can we draw from the influenza pandemic a century ago? Why is coronavirus not like the Black Death? Partially, of course, some of this trend can be explained by the fact that some of our public health responses – isolation and distancing, in particular – are found in historical sources going back centuries. Overall, however, we wonder whether there is more for us as historians to take on board from COVID-19, rather than the other way around.

**Do epidemics lead to structural change?**

Even before COVID-19, there was a growing trend towards seeing epidemic disease outbreaks as truly ‘exogenous shocks’ and as catalysts for major structural change. Perhaps taking our cue from the Black Death, historiography has tended to emphasize this plague as a watershed moment precipitating radical and lasting changes within economy, society, politics, health and culture. Diseases – sometimes in conjunction with other climatic pressures – have suddenly been held responsible for the leveling of economic inequalities, the decline of empires, the transition of economies of entire world regions, or the reversal of economic fortunes between regions. The devastation of COVID-19 will likely only encourage more of these maximalist and cataclysmic style histories over the next few years.

However, it should also be emphasized that for the pre-industrial period at least, epidemics were often not rupture points, as communities became aware of and accustomed to outbreaks that recurred again and again in the same places. The memory of previous epidemics was passed down through generations, and this retained knowledge informed communities, governments, families, and individuals about how to act during these anticipated hazards, and how to manage resources. In resilience and disaster studies, this cultural memory is often deemed a cornerstone behind a society’s adaptive capacity. Accordingly, beyond a few anomalous special examples, epidemics often failed to redistribute economic resources in anything beyond a temporary realignment. Institutions instead worked to preserve the ‘status quo’ of wealth and property distribution. Epidemics did at times provoke unrest and disorder: but paradoxically to retain customary obligations, perceived freedoms and time-honored practices that were facets of ordinary life. The relationship between society and disease is one that has developed incrementally over the long term rather than as sudden radical departure points. As historians, what COVID-19’s spread around the world highlights to us are some of the problems when societies lose that cultural memory and instead acquire a collective amnesia about the threat disease poses – a strong dysfunction in protective institutions – in a process likely exacerbated in the West by Orientalization and exoticization of something that was initially seen as a ‘Chinese’ phenomenon.

**Epidemics and Social Inequalities**

COVID-19 also may help us reflect a little on some of the big overarching explanatory frameworks that historians are using to analyze the effects of epidemic diseases on societies and economies. One of the most popular, for example, is the idea that epidemics, alongside wars and revolutions, have been one of history’s ‘great levelers’ – where significant excess mortality led to equitable redistribution of economic resources – within societies. The medium- and long-term redistributive effects of COVID-19 are as yet unknown: it remains to be seen whether it will be a great egalitarian force. However, one thing that is for sure is that over-emphasis on mechanistic frameworks and Gini coefficients obscure or diminish other elements of social vulnerability – elements that have come more clearly into view with COVID-19. Even our experience in the short term reveals that the poor are less likely to be able to adequately 'socially distance' themselves, the poor are more likely to be on the 'front line' exposing themselves to danger, and the poor are more likely to lose their jobs with no kind of resource buffer or savings. This does not sound particularly egalitarian.

But also, COVID-19 has helped shine a light on other forms of structural inequality that historians working on epidemics have yet to properly or systematically address: how they affect care for the frail, social mobility, but also gender dynamics. In many parts of the world during this pandemic, the majority of ‘front line’ so-called ‘key workers’ in food sales, health and social care, and education and childcare, are women. Numerous references have been made to the difficult negotiations taking place at the household level about care tasks, women’s incomes, and the dangers of isolation and quarantines – and the threat of domestic abuse. This is not new with COVID-19 either. Recent literature focusing on Ebola in West Africa and Zika in Brazil has pointed to compromised access to sexual and reproductive health resources, and inequalities in care-giving responsibilities. Going further back in time to the pre-industrial period, we know anecdotally at least that the epidemic experience of women and girls was often very different to that of men and boys: from increased avenues for the scapegoating and social control of women to women taking on various kinds of epidemic-related roles as codifiers of bodies, plague cleaners, caregivers, and organizers of local charitable endeavors.

Over the long term, other questions remain only tentatively or partially answered by historians: how do epidemics affect female access to and control of wealth and property, access to the labor market, and independence from patriarchy? On an analytical level, historical data can help us understand in which social or epidemiologic conditions epidemics are more likely to create unequal burdens down gender lines.

**History will learn from COVID-19**

Overall, the limited collective recognition of the dangers that epidemic diseases pose to contemporary public well-being has created an analytic fracture between the current COVID-19 crises – at least in the West – and many other outbreaks going back further into the past. That is to say COVID-19 may entail many features that are not particularly observable in historical outbreaks of epidemic disease. However, by throwing new lines of social vulnerability into view, what COVID-19 can do is make us historians realize some of the deficiencies in a preoccupation with real wages of male urban laborers or Gini coefficients of wealth distribution. Indeed, the longer-term history of how epidemics have impacted upon the welfare and vulnerability of societies is yet to be properly written – including that of the ‘hidden majority’ of women, the elderly, and children.