

Alex Schein:

"In these times," has been a handy turn of phrase in 2020 with varying adjectives you use to modify it, difficult, unique, strange. What started as a useful shorthand for the COVID-19 Pandemic became used to describe worldwide protests and calls for racial justice. This fall, the OMNIA Podcast goes beyond the shorthand using COVID-19 as a platform for a six episode series that explores the science, social science, and history that has shaped events in 2020. In these times, knowledge is more important than ever.

Today we talk with three historians and an English professor about past epidemics and what people and governments did to fight them. Welcome to Episode 2: In Other Times.

David Barnes:

Imagine 10% of the city's population dropping dead within the space of two and a half months. So 5,000 dead out of a population of 50,000. Accounts of the 1793 Yellow Fever epidemic in Philadelphia are just harrowing. Bodies literally piling up in the streets and not enough people available to transport them.

Alex Schein:

That's David Barnes describing Philadelphia during the Yellow Fever epidemic in 1793. He's an associate professor of History and Sociology of Science who specializes in the history of medicine and public health.

David Barnes:

The streets initially full of families frantically packing up all their belongings and fleeing the city for the country. But some people didn't have anywhere to go. The only people who could flee to the country were people who had country houses. In other words the wealthy, or people who had family members away from the city. So packing their furniture on to carts and carriages and getting out of the city as fast as they can.

Then, after everybody that has somewhere else to go has gone, seeing the streets all but deserted, day after day. People going outside only when absolutely necessary. Passing a good friend in the street and being afraid to even acknowledge the friend with a glance or a wave. Covering one's mouth and nose for fear of breathing in contaminated air. There are stories even of family members deserting one another and even parents abandoning children. And, panicking at the slightest symptom, frantically calling for a doctor, some of their doctors had fled for their countryside. So doctors were in short supply and nurses were in very short supply.

There was a desperate call for volunteers to help transport the sick and to help transport the dead and bury the bodies. And, in part, because of a mistaken belief that people of African descent were immune to Yellow Fever, the free black community of Philadelphia was appealed to for help. And in fact, organized a pretty effective core of volunteer nurses and assistants to transport people and bury bodies.

But the most poignant detail of 1793 in my mind is the sound of the church bells. Every time somebody died, it's just a part of Christian ritual to ring the church bells to mourn the passing of a fellow human soul. The bells were just tolling incessantly hour after hour, day after day. Imagine just hearing the bells tolling constantly and becoming more and more demoralized and filled with dread. Finally the College of Physicians, that's sort of medical association for the city of Philadelphia, appealed to the churches and said, "Please stop." And then, the city fell almost completely silent.

Alex Schein:

With people leaving cities and seeking different spaces, 2020 doesn't seem much different than 1793. As a threat of COVID-19 increased many officials implored people to stay put and in some states imposed quarantines on visitors. Absent a cohesive national response, states were left on their own. In a lecture given in April historian and legal scholar, Sally Gordon, says that this is no surprise.

Sarah Barringer Gordon:

This is Sally Gordon talking to you from my home office about the history and law of epidemics. First, the history. There have been many such outbreaks in America from Cholera, Yellow Fever to Smallpox, Typhus, Polio, more recently Ebola and Measles. None of these diseases respect jurisdictional boundaries. But in the United States such boundaries mean a great deal, especially the boundaries between State and National governments. It is to the states that the police power is consigned. That is the power to ensure the health, safety, and welfare of residents. It's no surprise that states have always been at the forefront of responses to epidemics. If we knew our history, we wouldn't be surprised by that today.

Alex Schein:

That was Professor Gordon's talk for the special series 60-Second Lectures in Quarantine. She is Arlin M. Adams Professor of Constitutional Law & Professor of History.

The idea of borders and how they're controlled is one of the oldest ways of responding to epidemics. Alex Chase-Levenson studies the history of the British Empire. He just published *The Yellow Flag*, which describes the largest quarantine system that ever existed. It lasted from the mid 18th century to the middle of the 19th century and ensnared tens of thousands of ships traveling through the Mediterranean every year.

Alex Chase-Levenson:

The basic principle, as I see it, was that every single person, every thing, every trade good, every bale of cotton, every letter coming from the Ottoman Empire or coming from North Africa to Western Europe was required to undergo a very rigorous quarantine in a place called a lazaretto, a fortress in a Mediterranean port city, for at least three weeks on average and up to 40 days. And the word quarantine comes from the Italian "quarantena" or 40.

This system was based on the fear of the plague, but it applied even in times of totally good health. A simple fear that in some ambiguous way allowing any break would allow the Bubonic Plague into Western Europe in, that was enough. So even when it had been years since there had been plague reports in any Middle Eastern city all ships from there, though they had what were called clean bills of health, were required to undergo still about 18 to 24 days of quarantine in most ports.

So much about the quarantine system, I think, works in terms of this cascading level of contagion. And it really was designed to admit no exceptions. So any ship from any country that did not also apply quarantine rules as rigorously as Boards of Health and Mediterranean port cities thought was necessary, would also be quarantined as an example. If we had applied the logic of Mediterranean quarantine in the 19th century to the COVID crisis today, we would have not only quarantined every single vessel or shipping container arriving from China, but from every other country in the world that did not apply exactly the same level of quarantine.

Alex Schein:

Most people complied because the threat of the plague was so great, but there were also physical searches and penalties.

Alex Chase-Levenson:

So norms and expectations are one level of enforcement. But then the other is, of course, the fact that there are little boards of health with agents who go down to the port and ask every captain of every shift, "Where have you come from?" They examine all the goods, they say, "Wow, this can't possibly actually be from where you said. We think these are Turkish figs." That would be very bad for you if you had lied. There's the death penalty for violations of quarantine formerly on the books.

Alex Schein:

Quarantine can be surprisingly pleasant for the rich, they had decent quarters and they could rent furniture and hire servants who would stay with them. They could even order out.

Alex Chase-Levenson:

You could pay for all your meals to be sent up from a lazaretto restaurant. A lot of people said they really liked the food. Sometimes that was just because the day is so boring. Food was kind of the only thing you could look forward to. And I certainly identify with that several months into COVID quarantine too.

Alex Schein:

But it was a different story for the rest of the travelers.

Alex Chase-Levenson:

In many cases, they had to camp-out outside the lazaretto grounds in a courtyard. One callous travel writer complains about the dirtiness of some of these peasant travelers and notes with condescension they were bivouacked of necessity on the banks of the river in 18-degree Fahrenheit weather. Their clothes had been disinfected by passing them through cold water. So, this was a dangerously unhealthy thing to be doing if you were very poor, even if you did it inside.

Alex Schein:

Even for the wealthy quarantine, must've been a frightening and upsetting experience as people sat and waited, wondering if they were about to show symptoms of plague. One sailor on being told he was about to be quarantined slapped his captain. And like today, quarantine had economic consequences. Some areas virtually shut down during the summer months when the plague was thought to be worst. Produce spoiled, sometimes the entire ship was burned.

Alex Chase-Levenson:

It obviously it was a kind of occupational hazard of doing business in this part of the world. And it is why, in many cases, people that were then called Levantine merchants, merchants trading with the Middle East, were people arguing often for the abolition of quarantine. Though, many of them also having done it so much kind of believed in it too. And you can find opinions on all sides about whether it was necessary to keep going.

Alex Schein:

What was the quarantine's role in controlling the plague? It's hard to tell at this distance and with so many mitigating factors.

Alex Chase-Levenson:

It's a real kind of exercise in what you do with uncertainty and how do you balance it? And it's a kind of thing that drove government ministers mad who are trying to push for reform. Because they say, "Anytime we suggest any kind of diminution of quarantine," the boards of health come back with, "This might admit epidemic to the continent." This kind of dilemma, balancing costs versus potential benefits of something unknowable, it's obviously something we're grappling with now. And it's why it was so hard to explain.

Alex Schein:

Such a quarantine enforced at the borders would be nearly impossible today.

Alex Chase-Levenson:

So if it were possible to be as absolute and as vigilant, maybe it would be effective. But I think it's pretty hard to see how in the current world with so much movement, so many ports of entry, so many different forms of travel, that kind of categorical exception-free kind of quarantine could be as effective. And I think now border closures are about a lot more than simple epidemiological control.

Alex Schein:

The Mediterranean quarantine still has something to tell us, though.

Alex Chase-Levenson:

I tried to show in my book that quarantine was really influential in terms of, even though it seems like an outmoded tradition, it really was a crucial precedent for developing modern understandings of public health. And it was so influential, I think, because it was run in this professional way. Because it was built from the ground up, because transnational cooperation occurred. And because as we all know, diseases do not respect national borders either then or today.

Alex Schein:

Beginning in the 1800's, two things transformed our understanding of the causes of epidemics and the public responses to them. Here's David Barnes.

David Barnes:

The first would be the rise of a sanitary movement, organized, professionalized, public health movement around the 1830s in a number of European countries and in North America. And this was a reform movement aimed at cleaning up diseased environments, and in preventing epidemics and preventing ordinary diseases by improving housing quality, by providing access to clean air and clean water, particularly in crowded industrializing cities. And, in cleaning up the urban environment. This was overwhelmingly urban movement.

Then at the end of the 19th century, between about 1875 and 1900 comes what historians call the Bacteriological Revolution. This is the rise and the triumph of the Germ Theory of disease. Diseases are no longer caused by a combination of environmental factors but rather by specific microorganisms. And each microorganism caused a specific human disease and the relationship was 1:1, one germ caused one disease and one disease was caused only by one germ.

Alex Schein:

Testing for germs became the linchpin of new strategies against disease. And most responses to epidemics were organized around targeting specific germs. This was a tremendous advance, but it had a surprising downside.

David Barnes:

I think there were serious drawbacks to this obsession with germs, mainly what was lost was a concern with the general physiological wellbeing of populations. In other words, illness happens not just when germs are introduced into the body, but when the body's immune response is too weak or insufficient to neutralize the germs, to fight the germs.

Alex Schein:

We usually think about immunity as if it were just a matter of genes or specific vaccines against specific diseases. But the largest part of our immune response is our general physical wellbeing, which is the product of nutrition, of having shelter, of not being surrounded by environmental toxins. It's the product of getting enough sleep, and even our emotional state.

David Barnes:

More and more research is showing us that immunity is affected by our sense of emotional well-being or security. There's fascinating research in social epidemiology about the effect of chronic stress on immunity. And chronic stress has been shown to be the product of things like for example, racial discrimination, living in high crime areas, not knowing whether you're going to be pulled over by the police or whether your son is going to be shot by police for no reason. This creates, even in people who are not actually victims of those things, it creates a chronic stress that takes a toll on the body. All of these factors have a huge impact on weakening the immune response.

Alex Schein:

COVID-19 has affected minority and underserved communities disproportionately. Barnes calls epidemics "Inequality Accelerators."

David Barnes:

I sometimes think of epidemics as social X-rays. In other words, we know that our society is unequal and we know there are certain forms in which that inequality takes. When we get something like COVID-19, we can see the damage, we can see where the damage is, where the hospitalizations are and where the deaths are. And those are like X-rays of our society because they show us where the fractures are.

Alex Schein:

Throughout history, one response to epidemics has been to blame and ostracized part of the population. Something that continues even with our understanding of germs.

David Barnes:

I think moralizing disease is as close to a fundamental human response as there is. When faced with an existential threat, like a deadly disease, a kind of primal fear kicks in. And epidemics are not just scary, but to some degree they're unfamiliar or mysterious or exotic. If they were familiar they wouldn't be epidemics. You could say that Measles at one point was a familiar epidemic disease, but it wasn't as threatening because it was usually mild. But faced with a deadly and mysterious threat, in order to find

reassurance and to maintain our sense of security and identity, we need to find explanations for this scary, unknown or unfamiliar thing. So we look to familiar categories and we look to familiar explanations of misfortune or disaster.

Alex Schein:

Now, that moralizing impulse seems to be melting with popular understandings of science and medicine.

David Barnes:

For example, when wearing a mask or not wearing a mask, or physical distancing or not maintaining physical distance become triggers for conflict or triggers for blaming and shaming, you see the moralizing impulse blended with some kind of scientific messaging or medical knowledge. So that, instead of a traditional religious or moral stigma response, we attach the stigma to failing to wear a mask. And sometimes there's a reason for that stigma. It's not an irrational response to say, "Look wearing a mask reduces the risk of transmission." But the fact that that makes scientific sense doesn't necessarily mean that people should be stigmatized and blamed. It's just that we kind of have to do that. We have to moralize, we have to take this threat and fit it into moral categories in order to make sense of it.

Reporter 1:

It's mysterious, it's deadly and it's baffling medical science. Acquired Immune Deficiency Syndrome. Once thought to affect only promiscuous homosexual males, AIDS is now spreading in epidemic proportions to other segments of the population.

Alex Schein:

The moralizing impulse was a factor from the very beginning of the AIDS epidemic in the 1980s. English professor Dagmawi Woubshet the Ahuja Presidential Associate Professor of English is the author of "The Calendar of Loss: Race, Sexuality, and Mourning in the Early Era of AIDS."

Dagmawi Woubshet:

What we must remember is that AIDS enters both medical and popular discourse as gay disease. So if we consider the first time that the CDC publishes a report in its Morbidity and Mortality Weekly, it says that it cited five cases of unusual pneumonia in five homosexual men. And then a month later in July 1981 the headline in the New York Times was, "Rare Cancer Seen in 41 Homosexuals." And then quickly the popular media dubbed "Gay Cancer" became the parlance, the lexicon of the media. But also the scientific community initially, instead of calling it AIDS or HIV it was called GRID, Gay Related Immune Deficiency. This was the scientific language, the medical vocabulary. In both characterizations, popular discourse "Gay Cancer" and "GRID" in the medical establishment, highlights how AIDS entered discourse and representation.

Now, because it was a disease associated with a community that was so disparaged, and disesteemed, and disempowered, and disenfranchised the response from government and the so-called general public was overwhelmingly homophobic. Which led the crisis really to compound into a mass calamity. And I think what we see is initially, the onset of the disease, failure. Not just from the government. Civic institutions, religious institutions, the very institutions meant to safeguard our welfare, the welfare of the public, abandoned a community that was suffering precisely because it was deemed to be disposable.

Alex Schein:

Gay communities mobilized to combat these representations and fight for attention and action. Organizations like Gay Men's Health Crisis and ACT UP provided crisis counseling, legal aid, volunteer buddy systems and social work. And they develop new and creative methods of advocacy, like the "die-in."

Dagmawi Woubshet:

If you think about an organization like ACT UP which was founded in 1987, which had an explicit political agenda and they came up with some of the most creative political campaigns. Which we've seen actually appropriated again with Black Lives Matter. For instance, "the die-in." If you think of the "sit-in" during the Civil Rights movement in the 1960s, the "die-in" was where activists would just lay down on the floor of places of worship or streets of New York or Washington DC to mimic the kind of death of a generation of gay men that was taking place and that was shrouded in silence and in shame. The open casket funeral that the ACT UP introduced. Again, this was open casket funeral of people who died of AIDS as a way to demand and force the public to see what it refused to see and to recognize publicly, again, the death of a generation of gay men. The kind of disruption of evening newscasts, they interrupted live broadcasts of CBS news with Dan Rather.

Dan Rather:

This is the CBS Evening News, Dan Rather reporting. Good evening.

Recorded Protesters:

Take it to the news! Fight AIDS, not Arabs!

Dan Rather:

We're going to take a break for a commercial just now.

Recorded Protesters:

Take it to the news! Fight AIDS, not Arabs!

Dan Rather:

We'll break to a commercial. Thank you very much.

Dagmawi Woubshet:

One of my favorites... They draped Jesse Helms, the notorious Senator from North Carolina who was so homophobic. They draped his house in a giant pink condom.

Reporter 2:

A demonstration by members of the AIDS group ACT UP known for disruptive protest designed to draw attention to the spread of AIDS. But this morning, something most incredible. They unfurled a giant political message for Senator Jesse Helms. The means for the message of 15 foot giant condom, which engulfed his Washington DC home. The group was protesting Helms' stance against AIDS education. Police were called to the scene, but they didn't arrest anyone.

Alex Schein:

In his book, Woubshet examines how the crisis also was reflected in art, the lens that first interested him in that era.

Dagmawi Woubshet:

For me it was both a personal and a scholarly undertaking. As a gay man of a certain generation and also an African of a certain generation AIDS loomed so large in my adolescent and young adult ears in the 1990s. And I'd say a turning point for me was, I came out just as I entered graduate school in 1999 and began to read for the first time the body of work of a generation of gay men that preceded me. So poets like Essex Hemphill, Melvin Dixon, Paul Monette. And I sought out their work just to corroborate my own desires and identity and to find the language to free me from the kind of shame and fear, that darkness in my teenage years.

And what was so powerful about that body of work, which was being produced in the late 80s and early 90s, was that on the one hand they embrace their queer identity without apology. And there was a kind of sense of self possession of that generation of gay art. But also they were writing amid a catastrophe, mourning the death of loved ones and also anticipating their own imminent death. So, loss was at the center of their artistic enterprise.

Alex Schein:

That environment led gay artists to revolutionize art itself, including something as traditional as the elegy. At a time when the person writing the elegy was also anticipating his own death.

Dagmawi Woubshet:

When we think of the elegy, there is this assumed division between the person writing that poem of mourning, so the mourning subject and the object of loss, the deceased. And right, and part of the elegy is working through one's loss, right? And using that very enterprise, that process of writing and composing the elegy, even if not to ultimately to achieve some form of constellation, but to work through one's own emotions of loss of devastation of bereavement. But again, there is that assumed binary between elegists and the object of loss.

But what happens when you are both eulogizing the death of a lover, death of many friends and anticipating your own certain death, your own imminent mortality that is arriving in months, sometimes in weeks? Then you're beginning to write elegy for the dead, so it's kind of recollective. But it's also anticipatory and writing an elegy for your own prospective loss. So the idea of the future as a kind of horizon where the future will enable me to overcome my loss, "In due time I will overcome loss," that's pulled under your feet. That sense of consolation that the future might enable is no longer guaranteed for those writing a poem of mourning, also to anticipate their own imminent mortality. So, that's a fundamental revision of the elegy as we know it.

Alex Schein:

Both AIDS and COVID-19 harm minority communities disproportionately. Woubshet, whose father passed away right before the pandemic, sees another similarity. The disruption of mourning.

Dagmawi Woubshet:

Again, because of the stigma associated with AIDS early on, for instance, morticians would not embalm someone who died of AIDS related complication. Cemeteries refused to give a plot of land, again, because of just the outright ignorance of how the disease was transmitted. And also just the outright



homophobia. Also, just families who were entitled with certain funerary rights who refused gay friends or refused partners to mourn their beloved dead and openly broach the cause of death. Right? Because if you died of AIDS then it kind of betrayed your queer sexuality. Or open articulation of someone's sexuality when you are commemorating a life, when you're eulogizing a life. Right? So there are all these different ways in which mourning and funerary rights were disrupted in the early era of AIDS.

And now I think about the way, as family members are dying, even family members who cannot be alongside their beloved. People who could not attend funeral services because of the lockdown, because of the quarantine. And I think that has a profound effect on us in ways that we have yet to measure. I think this is something that we have to contend with for a generation to come. That's why mourning is a fundamental birthright. It's something among the things that distinguishes us as human beings. It's the elaborate rituals and rights we come up with to commemorate, to memorialize our dead. To reckon with that loss. And when these rights are disrupted, it has a profound, psychic toll on the bereaved. And that's a similarity, albeit for different reasons, that I see between AIDS and COVID-19.

Alex Schein:

That wraps up the second episode in our six part series, In These Times. We'll be back with Episode 3: Crisis Upon Crisis, where we look at other crises we're facing alongside COVID-19. We'll talk with a Civil Rights historian, a political scientist, and an environmental humanist to see what we can learn.

The OMNIA Podcast is a production of Penn Arts & Sciences. Special thanks to David Barnes, Alex Chase-Levenson, Sally Gordon, and Dagmawi Woubshet. I'm Alex Schein, thanks for listening.

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